

# Group Disability Income Insurance Plan II

DEVELOPED FOR YOUR ASSOCIATION



There are two plans available for AFM members. This brochure contains information specific to Plan II. Please review the Plan I application and brochure for information specific to Plan I.

## THIS PLAN HELPS PROVIDE AN INCOME WHEN YOU CAN'T WORK

If a covered disabling sickness or injury suddenly took away your ability to work and as a result also took away your ability to earn a paycheck . . . how would you continue to afford the living expenses you must now pay? With the Group Disability Income Insurance Plan sponsored by your association, a portion of your income would continue in the form of a monthly benefit that you select. Don't let a disability take away your income. Rely on the protection provided by the Group Disability Income Insurance Plan.

## WHO CAN APPLY

All Actively-at-Work (at least 20 hours per week) members and spouses/domestic partners not legally separated or divorced from the member, under age 60 may apply for this coverage. Member must apply for Spouse to apply. Member and spouse may not duplicate coverage 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.

## HOW THIS PLAN WORKS - PLAN II

PLAN II pays up to age 65 if you are Totally Disabled due to a covered Injury or Sickness. Under Plan II, you have a choice of a 60, 90 or 180-day Elimination Period for benefits to begin. If Total Disability occurs at or after age 63, benefits are paid to a maximum of 2 years.

## YOU CAN SELECT FROM \$400 TO \$6,000 IN MONTHLY BENEFITS

You select the monthly benefit you wish to receive ranging from \$400 to \$6,000 per month (in \$100 increments). Your Monthly Benefit should not exceed 60% of your Pre-Disability Earnings. The actual monthly benefit amount at claim will be the lesser of: a) the benefit amount you selected, or b) 65% of your Pre-Disability Earnings less any Other Income Benefits you may receive and all other income from any employer or for any work.

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 Pre-Disability Earnings	\$3,000.00
Disability benefits percentage	x 60%
Unreduced maximum benefit	\$1,800.00
Less any Social Security disability benefit per month	-\$900.00
Less any State Disability benefit per month	-\$300.00
Total amount of disability benefit per month	\$600.00

## IMPORTANT PLAN FEATURES

### Managed Disability Approach

The Managed Disability approach encourages a healthy lifestyle through prevention and wellness programs. When an individual becomes disabled, they are helped with rehabilitation and motivation to return to work as soon as reasonably possible.

### Successive and Recurrent Disabilities Limitation

The insured member will receive their selected benefit for disabilities, which are recurrent in nature. Recurrent 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 Successive 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 and your Spouse's insurance will become effective on the first of the month on or next following the date of approval of your and your Spouse's application, provided the required premiums are paid. However, your Spouse's coverage will not become effective prior to the date your coverage becomes effective. 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.

## CONVENIENT PAYMENT OPTIONS

You are able to choose between two premium payment options, whichever one best suits your needs:

**Option 1:** Automatic Monthly Check Withdrawal. Your premium will be automatically deducted from your checking account on a monthly basis. This not only saves you time, but you don't have to worry about missing a payment.

**Option 2:** Semi-Annual Direct Bill.

## **SATISFACTION GUARANTEED**

When you receive your Certificate of Insurance, review it carefully. If you are not completely satisfied with the terms of your coverage, simply return your Certificate within 30 days and any premiums that have been paid will be promptly refunded in full, minus any claims paid.

## **IMPORTANT DEFINITIONS**

### **Total Disability**

You or your spouse are considered totally disabled if you or your spouse have a disability during the Elimination Period and the following 24 months that prevents you or your spouse from performing the essential duties of your or your spouse's occupation. Thereafter, you or your spouse are totally disabled if you or your spouse are continuously unable to engage in any occupation for which you or your spouse are qualified by education, training or experience.

However, if you or your spouse are Totally Disabled due to Mental Illness, alcoholism or Substance Use Disorder, 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.

### **Disabled and Working Benefit**

You or your Spouse may receive a Disabled and Working benefit. The Disability must begin before You or Your Spouse attain age 60 while You/Your Spouse are covered under this plan. Benefits will continue until Your/Your Spouse's monthly earnings while You and Your Spouse are Disabled and Working exceed 80% of Your/Your Spouse's Pre-Disability Earnings, until You/Your Spouse are eligible for benefits under the Disability Benefit due to the same or related causes or the date You or Your Spouse return to work in an occupation other than Your or Your Spouse's own.

### **Pre-Disability Earnings**

-If You or Your Spouse are self-employed, your average net monthly income after business expenses for 12 months or 24 months, whichever produces the higher average, or

-If You or Your Spouse are not self-employed, Your or Your Spouse's regular monthly rate of pay (not commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation) in effect on the last day You or Your Spouse were Actively at Work before You or Your Spouse became Disabled.

### **Other Income Benefits**

The actual benefit you receive at the time of your claim may be different, depending upon your income, offsets for Other Income Benefits and other variables. Other Income Benefits means the amount of any benefit for loss of income that you or your family receive or are eligible to receive from Social Security Disability Income or similar plans; Worker's Compensation or occupational disease laws or similar laws; group, association, union or other organizational coverage; employer-related individual policies; governmental laws or programs that provide disability or unemployment benefits as a result of your job with any employer; disability coverage under any employer's retirement plan; damages or settlements for income loss; and no-fault automobile insurance plans.

Other Income Benefits also include retirement benefits from retirement plans that are wholly or partially funded by employer contributions, unless you were receiving them prior to becoming disabled or you immediately transfer the payments to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement. Finally, Other Income Benefits include retirement benefits you or your family receives from Social Security or similar plans, unless you were receiving them prior to becoming disabled.

## **TERMS OF COVERAGE**

### **Exclusions and Limitations**

This Policy does not cover any Disability or loss caused by: illness, accident, treatment or medical condition arising out of: war or act of war (whether declared or undeclared); participation in a felony; service in the Armed Forces or units auxiliary thereto; suicide, attempted suicide or intentionally self-inflicted injury; aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or pregnancy or childbirth, except Complications of Pregnancy.

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.

### **Pre-Existing Conditions Limitation**

Pre-Existing Condition means any Disability diagnosed or undiagnosed, for which medical care is received by you within the 6-month period prior to the date your insurance starts; or with respect to the limitation for any increase in coverage, within the 6 month period prior to the effective date of your increase in coverage; will not be covered until you have been continuously insured for 12 consecutive months, provided the Elimination Period has been satisfied. 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.

### **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 disability covered by this plan); the Master Policy is in effect; and, you remain under 70.

Your spouse/domestic partner's coverage will remain in effect as long as your coverage is active, premiums are paid, and they meet the eligibility requirements, and remain under age 70.

### **Waiver of Premium**

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

**MONTHLY PREMIUMS  
PER \$100 MONTHLY BENEFIT**

**PLAN II**

AGE	ELIMINATION PERIOD		
	60 days	90 days	180 days
Under 30	\$0.72	\$0.46	\$0.30
30–34	0.95	0.65	0.42
35–39	1.29	0.87	0.61
40–44	2.01	1.37	1.03
45–49	3.12	2.13	1.71
50–54	4.37	3.04	2.43
55–59	5.70	3.95	3.15
60–64*	5.85	4.03	3.34
65–69*	5.93	4.10	3.76

Rates are based on the attained age of the insured person and increase as you enter each new age category. Rates and/or benefits in this brochure will not be changed unless they are changed for all insureds in your classification.

\*For renewal purposes only—only those under age 60 may enroll.

**TO COMPUTE YOUR PREMIUM:** Multiply the premium listed for your age group by the number of \$100 units of monthly coverage you select.

If you select the direct billing option and want to figure out your semi-annual premium, multiply the premium listed for your age group by 6. Then take that total and multiply by the number of \$100 units of monthly coverage you select.

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.

The monthly benefit amount you select may not exceed 60% of your Pre-Disability Earnings. Please refer to the above section for more details.

**How to Apply!**

1. Complete, date and sign the enclosed Application. If your spouse is also applying, please complete the form and sign where indicated. If your domestic partner is applying, please complete and sign Domestic Partner Affidavit Form and return with your Application.
2. **Send no money now.** You will be billed when your application is approved and your Certificate is issued.
3. Mail your completed Application to:

AFM GROUP INSURANCE  
P.O. Box 14533  
Des Moines, IA 50306

**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 #0I96562 | AR Insurance License #100114462

P.O. Box 14533  
Des Moines, IA 50306

**Questions?**

1-800-503-9230  
[www.afminsurace.com](http://www.afminsurace.com)

**Underwritten by:**



Hartford Life and Accident Insurance Company  
Hartford, CT 06155

The Hartford Financial Services 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](http://www.thehartford.com).

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

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.

Policy Number AGP-5888

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](http://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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Form PA-10210 (2018)

## **This notice applies to residents of Massachusetts.**

### **NOTICE OF INSURANCE INFORMATION PRACTICES**

To properly underwrite and administer your application for insurance coverage, we must collect certain information concerning your insurability. You are our most important source of information, but we may also contact other sources such as medical professionals and institutions, employers and other insurance companies. While all information regarding your insurability will be treated as confidential, in some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization.

#### **INVESTIGATIVE CONSUMER REPORTS – NOT APPLICABLE TO RESIDENTS OF NEW YORK**

As part of our procedure for processing your application, an investigative consumer report may be prepared by an outside insurance reporting organization. Personal information may be collected from others regarding your general reputation and lifestyle. If an interview is conducted with someone other than you, we will inform you of your right to be interviewed in connection with the preparation of the investigative consumer report. You have the right to send a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

#### **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 Insurance Company or 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 Insurance Company, 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](http://www.mib.com).

#### **ACCESS, CORRECTION AND DISCLOSURE**

You can obtain access to personal information about you contained in our policy files by sending us a written request. You may also request any necessary corrections, amendments or deletion of any information in our files which you believe to be inaccurate or irrelevant. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may release information in their files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Also, please be advised that personal and confidential information collected by us may, in certain circumstances, be disclosed to third parties without authorization. A notice providing further description of the circumstances under which information about you may be disclosed and the types of persons and organizations to whom it may be disclosed will be sent to you upon your written request. If you desire further information or access to your personal information, please send your written request to: Hartford Life Insurance Company or Hartford Life and Accident Insurance Company, 200 Hopmeadow St., Simsbury, CT 06089.

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