

Simplified Issue 2-2 Accident & Sickness Disability Insurance Plan for Members of the American String Teachers Association

Plan Features

- You may apply for up to \$4,000 per month.
- No Medical Exam is required.

Eligibility Qualifications

To apply for this coverage, you must be: able to answer "no" to the (3) health questions below; an Association member under age 60; residing in the U.S.; actively-at-work (at least 24 hours per week) at the time of application; and not currently carrying coverage in this program.

Your spouse is also eligible for coverage if he/she meets the above guidelines. In order to be eligible, your spouse must not be legally separated or divorced from you.

Definition of Disability

Total Disability means disability which during the Waiting Period and up to the Maximum Payment Period, for which Total Disability Benefits are payable, wholly and continuously prevents you from performing the substantial and material duties of your usual occupation. The disability must also require the regular care of a physician

Quarterly Premiums - 90 Day Waiting Period*

Attained Age	Rate Per \$100	\$1,000 of Coverage	\$2,000 of Coverage	\$3,000 of Coverage	\$4,000 of Coverage
Under 30	\$1.65	\$16.50	\$33.00	\$49.50	\$66.00
30-34	\$2.05	\$20.50	\$41.00	\$61.50	\$82.00
35-39	\$2.65	\$26.50	\$53.00	\$79.50	\$106.00
40-44	\$3.55	\$35.50	\$71.00	\$106.50	\$142.00
45-49	\$4.70	\$47.00	\$94.00	\$141.00	\$188.00
50-54	\$6.65	\$66.50	\$133.00	\$199.50	\$266.00
55-59	\$11.20	\$112.00	\$224.00	\$336.00	\$448.00
60-64**	\$17.45	\$174.50	\$349.00	\$523.50	\$698.00
65-69**	\$22.70	\$227.00	\$454.00	\$681.00	\$908.00

* For information concerning 30, 60 or 180 Day waiting periods, contact INSURANCE SPECIALISTS, INC. at 1-888-ISI-1959.

**Renewal Only - Rates are based on the attained age of the insured person and increase as you enter each age category. Rates and/or coverage may be changed on a class basis.

Benefit Duration and Limits:

Benefits are payable for up to two years for a covered accident or sickness following your chosen waiting period. Coverage is effective to age 70.

The maximum monthly benefit amount available under this plan is \$4,000. The benefit is the lesser of: the monthly benefit amount elected; or 60% of your Basic Monthly Pay; but not less than \$100.00 per month.

Basic Monthly Pay

If you are self-employed, Basic Monthly Pay means your net monthly income (gross revenue less business expenses) from the personal practice of your profession or personal conduct of your main business. This average is based on net income for the twelve months, or 24 months, whichever produces the higher average, before the last day of Active employment prior to becoming Disabled. If you have been self-employed for less than 12 months, it is based on the whole time you were self-employed, prior to becoming Disabled. If your practice is incorporated, earned income does not include investment returns, rents, royalties, and the like income which is not directly produced from your current work.

If you are not self-employed, Basic Monthly Pay means, your regular monthly rate of pay including commissions, but not including bonuses, overtime or any other fringe benefit or extra compensation, in effect on the last day of active employment prior to becoming Disabled.

Renewability

Your coverage will remain in force as long as you pay your premiums when due, remain an active Association member, you are under age 70, you remain actively-at-work (except due to disability covered by this policy), the Association participates and the Master policy remains in force. With respect to a spouse, coverage remains in force as stated above as long as he or she remains legally married to the member.

To apply complete application portion below, sign, detach, & mail to:
ISI Administrative Center • P.O. Box 2327 • Beaufort, SC 29901

Please turn over for additional plan information ⇨

Rehabilitative Employment Benefit

If, while you are disabled you accept rehabilitative employment, this plan will pay a monthly benefit amount equal to your monthly benefit amount less 50% of any income received from the rehabilitative employment and may not exceed 100% of your Basic Monthly Pay. A review of your disability status may be performed every six months.

Effective Date of Coverage

Coverage becomes effective the first of the month following approval of your application and receipt of your first premium payment. If an eligible Member or Member spouse is to become covered under the Policy; or covered for increased benefits under the Policy; and is not actively-at-work on that date, he or she will not be so covered until the first day of the month on or next following the date he or she is actively-at-work.

Exclusions and Limitations

Exclusions: This policy does not cover: intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane; war or act of war, whether declared or not; any Injury sustained while riding on, boarding or alighting from, any aircraft: a) 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 b) being used for tests, experimental purposes, stunt flying, racing or endurance tests; the commission or attempted commission of a felony by you; 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.

Successive Periods of Disability: Periods of Disability due to the same or related medical causes; and separated by less than 6 months during which you are actively-at-work will be considered one Period of Disability.

Concurrent Disabilities: Benefits during any period of disability as the result of: more than one sickness; or more than one accident; or both sickness and accident will be considered the same as if the disability resulted from only one cause.

Notice of Insurance Information Practices

Your application is our major source of information. However, The Hartford may also collect or verify information by contacting individuals or organizations which have information or records about you or others to be insured.

Information regarding your insurability will be treated as confidential. Such information will not be disclosed to others without your authorization, except to the extent necessary for the conduct of our business. The Hartford or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt from you, the Bureau will arrange disclosure of any information it may have in your file within 15 days. Medical information will be disclosed only to your attending physician. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is MIB, Inc., P.O. Box 105, Essex Station, Boston, MA 02112; telephone number 1-866-692-6901 (TTY 1-866-346-3642 for hearing impaired).

The Hartford or its reinsurer(s) may also release information in your file to other insurance companies to which you may apply for life or health insurance, or to which a claim for benefits may be submitted.

Upon written request, The Hartford will provide you with information in your file. Medical information will be disclosed only through a physician you designate. Details regarding your right to correct or amend information in your file will be furnished upon written request. If you would like further details, contact:

The Hartford
Attn. Group Benefits Department
P.O. Box 2999
Hartford, CT 06104-2999

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master Policy AGP-5319 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 Form SRP-1311 AP (A) (HLA) (5319)

Underwritten By:

Hartford Life and Accident Insurance Company
Hartford, CT • 06104-2999



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Simplified Issue 2-2 Accident & Sickness Disability Plan Application Form

Please Print. Use Dark Ink. Do Not Erase. Initial All Changes.

ISI Insurance Trust Policy Number AGP-5319

Applying as a (a separate application must be completed by each applicant) <input type="checkbox"/> Member <input type="checkbox"/> Member Spouse		Name of Organization AMERICAN STRING TEACHERS ASSOCIATION		
Member Name		Applicant Name		Applicant Occupation
Address (Street, City, State, Zip Code)				Phone Number
Place of Birth (Town, State)	Birth Date	Weight (lbs.)	Height (ft. in.)	Sex
Monthly Benefit Amount <i>Select between \$100 and \$4,000 in \$100 increments</i>		Basic Monthly Pay	Waiting Period <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days	

Total of all in-force disability insurance cannot exceed 60% of monthly earned income, not including bonuses, overtime or any other fringe benefit or extra compensation.

To be eligible for coverage, you must be under age 60 and have been actively engaged in the full-time duties of your occupation during the 180 day period immediately before the date of this application. This offer is limited to those Members under age 60, not already insured by this Plan, who can accurately answer "NO" to the questions below:

1. During the last 5 years, have you been diagnosed or been treated for cancer, tumor, high blood pressure, nervous system disorder, diabetes, any heart, blood or circulatory disorder, autoimmune disorder, gastro-intestinal disorder, any lung or respiratory disorder, kidney or genitourinary disorder, alcohol or drug dependency, mental or nervous disorder, bone, joint, back, muscle or connective tissue disorder, or chronic fatigue syndrome? Yes No
2. Have you ever had or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) (see reverse side for complete definition) or any other immune deficiency disorder? Yes No
3. Have you been confined in a hospital, nursing home, sanitarium or similar institution in the last 6 months (excluding maternity)? Yes No

Applicant's Signature (Sign name in full) Signature and date required to process your application.	Date
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CODE

Form SRP-1311 AP (A) (HLA) (5319)