

# Guaranteed & Standard Issue Life and Disability<sup>1</sup> Insurance



Society of  
Emergency Medicine  
Physician Assistants  
*Insurance Programs*

<sup>1</sup>Subject to pre-existing conditions limitations

## Exclusive Guaranteed and Standard Issue Life Insurance

Life insurance can be one of the most important coverages you can purchase, especially when it comes to your family's security. As your family changes over time, the amount of insurance you need may also change. Now is a good time to review your Life insurance protection and take advantage of the additional coverage available to members of SEMPA.



## Up to \$50,000 Guaranteed Issue Life Insurance

### Features:

- Up to \$50,000 of coverage
- Eligible Members Under Age 45
- Ends at age 70
- Smoker and Non-Smoker rates

**Don't Wait. Plan Ahead.**

# Guaranteed Issue Life Insurance:

## Who is Eligible?

All Active Members who are under age 45 and citizens or legal residents of the United States, its territories and protectorates, and Actively at Work on a full-time basis (at least 30 hours per week) for four consecutive weeks. Policy Age Limit is 70 years of age.

All Eligible Persons who are SEMPA members may enroll for coverage without evidence of insurability.

## Effective Date:

Your coverage will become effective the first of the month following receipt of your enrollment form and first premium payment.

## Guaranteed Issue Life Rates

### Annual Life Premiums

#### \$50,000 Benefit Amount

	Non-Smoker	Smoker
Under 30	\$114.24	\$203.04
30-34	\$117.04	\$224.38
35-39	\$148.03	\$298.54
40-44	\$211.53	\$443.72
*45-49	\$338.34	\$722.70
*50-54	\$536.24	\$1,153.07
*55-59	\$867.28	\$1,808.10
*60-64	\$1,395.26	\$2,786.77
*65-69	\$2,209.66	\$4,157.34

\* Renewal Premiums Only

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured Person and increase as he/she enter each new age category. You are considered a non-smoker if you have 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 insurance.

Premiums are based on the Insured Person's age on his or her effective date and on each premium due date thereafter; and Waiting Period options.

Premiums are mutually agreed upon between the Policy holder and The Company.

# Up to \$250,000 Standard Issue Life Insurance

## Features:

- **Up to \$250,000 of coverage**
- **Eligible Members Under Age 65**
- **Eligible Members, Spouses and Children Coverage**

### Who is Eligible?

All Active Members of the Policyholder who are under the age of 65 and are citizens or legal residents of the United States, its territories and protectorates. Must be Actively at Work at least 30 hours a week. Policy age limit is 70 years of age.

### Eligible Dependents:

An Eligible Member's spouse who is under age 65 and citizens or legal residents of the United States, its territories and protectorates. Cannot be legally separated or divorced from the Eligible Member.

An Eligible Member's Dependent Child(ren) who is at least 15 days old and under age 19, or under age 25 if in full-time attendance at an accredited institution of learning.

Policy Age Limit Insured Person and Spouse: Age 70  
Child(ren): Age 19, or age 25 if a full-time student.

### Evidence of Insurability:

To be accepted for coverage under The Policy, all Eligible Persons and Eligible Dependents must submit a Written Application and evidence of insurability satisfactory to The Company.

### Eligible Member and Spouses under age 65:

Can request an amount subject to a minimum of \$20,000 and a maximum of \$250,000 in \$10,000 increments.

### Child(ren):

Child under 6 months of age - \$100

Child 6 months or older - \$2,500

## Standard Issue Life Rates

### Male Standard Issue Annual Life Premiums

Individual monthly premiums Per \$10,000 Benefit

	Non-Smoker	Smoker
Under 30	\$1.03	\$1.86
30-34	\$1.05	\$2.05
35-39	\$1.25	\$2.57
40-44	\$1.84	\$3.92
45-49	\$2.79	\$6.00
50-54	\$4.17	\$8.95
55-59	\$7.36	\$15.35
*60-64	\$10.48	\$20.74
*65	\$17.36	\$32.17

\* Renewal Premiums Only

### Female Standard Issue Annual Life Premiums

Individual monthly premiums Per \$10,000 Benefit

	Non-Smoker	Smoker
Under 30	\$.50	\$.85
30-34	\$.65	\$1.20
35-39	\$.88	\$1.70
40-44	\$1.26	\$2.56
45-49	\$2.13	\$4.52
50-54	\$3.74	\$8.15
55-59	\$6.14	\$13.24
*60-64	\$7.83	\$16.08
*65	\$11.51	\$22.17

\* Renewal Premiums Only

Rates are based on the attained age of the Insured Person and increase as he/she enter each new age category. Premiums are based on each person's age at date of issue and change on the renewal dates occurring on, or the next following the date a person covered under the programs attains ages 30, 35, 40, 50, 55, 60, and 65. Rates and/or coverage may be changed on a class basis.

Non-smoker and smoker rates are provided. Smoker means a person who has smoked cigarettes, cigars or used a pipe or chewing tobacco, nicotine chewing gum or snuff during the 12 months prior to the date he or she applied for coverage. In reviewing the following rates, be sure you select the correct column depending on whether you're a Smoker or not and what amount of coverage you are selecting.

### Request for Change in Coverage:

If You give Us an application for a change in coverage for which You are eligible and pay the required premium, the change will become effective on the first day of the month on or next following the later of:

- 1) the date We receive the application; or
- 2) if Evidence of Insurability is required, the date We determine that You are insurable.

### Termination:

Coverage will end on the earliest to occur of the date The Policy terminates, or the Premium Due Date on or next following the date You cease to be an active member of the Policyholder, attain the Policy Age Limit, the date You are no longer are Actively at Work, or that You fail to pay any required premium on the Premium Due Date, subject to the Individual Grace Period.

### Individual Grace Period:

You will be allowed an Individual Grace Period of 31 days from the Premium Due Date for payment of each premium due after the initial premium. Your insurance will be continued during the Individual Grace Period. The Individual Grace Period will not continue coverage beyond the date shown in the Termination provision.

## **EXCLUSIONS & LIMITATIONS**

### Suicide:

If You commit suicide while sane or insane:

- 1) during the first two years following Your effective date of coverage under The Policy, We will only pay Your Life Insurance Benefit in an amount equal to the premium paid for coverage to the date of death; and
- 2) during the two years immediately following an increase in coverage under The Policy, We will only pay Your 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.

The full Life Insurance Benefit Amount for You is payable if You are covered under The Policy and commit suicide after the two year period.

## **Exclusive Guaranteed and Standard Issue Disability<sup>1</sup> Insurance**

Accidents can and do happen. If you suffer a disabling injury, the financial security you've worked to build could be put at risk. As a member of SEMPA, you are able to join an exclusive disability insurance program to cover your income in the event of a covered injury or illness that keeps you from working.

You should be aware that disabling accidents are quite common. Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.<sup>2</sup>



### **Up to \$2,500 Guaranteed Issued Disability<sup>1</sup> Insurance**

#### **Features:**

- Under age 45
- Up to \$2,500 not to exceed 70% of Pre-Disability
- 60 or 90 day waiting periods
- Benefits payable in addition to other insurance

<sup>1</sup>Subject to pre-existing conditions limitations.

<sup>2</sup>Social Security Administration, Fact Sheet  
March 18, 2011

## Who is Eligible?

All Active SEMPA Members who are under age 45 and citizens or legal residents of the United States, its territories and protectorates, and Actively at Work on a full-time basis (at least 30 hours per week) for four consecutive weeks.

Policy Age Limit is 65 and maximum benefit payable for 2 years.

## Effective Date:

Your coverage will become effective the first of the month following receipt of your enrollment form and first premium payment.

## Guaranteed Issue Disability Rates

**Two Elimination Period Options:  
60 Days and 90 Days.**

<b>Annual Disability Premiums</b>		
<b>Per \$100 Monthly Benefit Amount</b>		
	<b>60 DAY WP</b>	<b>90 Day WP</b>
Under 30	\$15.37	\$6.25
30-34	\$16.40	\$6.29
35-39	\$19.93	\$7.70
40-44	\$26.03	\$11.11
*45-49	\$34.53	\$17.10
*50-54	\$48.41	\$27.19
*55-59	\$58.75	\$37.59
*60-64	\$82.77	\$57.22

\* Renewal Premiums Only

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured Person and increase as you enter each new age category.

Premiums are based on the Insured Person's age on his or her effective date and on each premium due date thereafter; and Waiting Period options.

Premiums are mutually agreed upon between the Policy holder and The Company.

# Up to \$5,000 Standard Issued Disability Insurance Plan 1 & 2

## Features:

- Under age 60
- Up to \$5,000 not to exceed 60% of Pre-Disability
- 60, 90 and 180 day waiting periods

### Who is Eligible?

All Active SEMPA Members who are under age 60 and citizens or legal residents of the United States, its territories and protectorates, and Actively at Work on a full-time basis (at least 30 hours per week) and working full-time for at least 30 consecutive days before his or her effective date.

Policy Age Limit is 65 for both member and spouse.

### Effective Date:

Your coverage will become effective the first of the month following receipt of your enrollment form and first premium payment.

### Monthly Benefit:

The amount you elected, which is subject to a minimum of \$100, but not to exceed \$5,000, in \$100 increments.

The Monthly Benefit payable will be subject to the Offset Provision stated below.

### Offset Provision:

The benefit amount payable as the result of the Insured Person's Total Disability will be the lesser of:

- 1) the Monthly Benefit; or
  - 2) 60% of the Insured Person's Pre-Disability Earnings minus:
    - a) any Other Income Benefits, including those for which the Insured Person could collect but did not apply; and
    - b) all other income from any employer or for any work.
- However, if the Insured Person's Monthly Benefit would reduce to less than \$100 per Month due to Other Income Benefits, then the minimum Monthly Benefit under The Policy will be \$100 per month.

Maximum Payment Period:

For Total Disability beginning (Applicable to Plan 1 Only):

- |                                 |           |
|---------------------------------|-----------|
| 1) before age 63:               | To age 65 |
| 2) age 63 or over but under 65: | 2 years   |

For Total Disability beginning (Applicable to Plan 2 Only):

- |                                 |         |
|---------------------------------|---------|
| 1) before age 61:               | 5 years |
| 2) age 61 or over but under 62: | 4 years |
| 3) age 62 or over but under 63: | 3 years |
| 4) age 63 or over but under 65: | 2 years |

The Monthly Benefit will be paid for the longer of:

- 1) the period shown in the above table; or
- 2) the Insured Person's Normal Retirement Age under the most recent amendments to the United States Social Security Act.

However, the Maximum Payment Period may be reduced due to Mental Illness, alcoholism or Substance Abuse as specified in the Total Disability Benefit.

**BENEFIT EXAMPLE\***

Insured's monthly pre-disability earnings: \$3,000.00

Long term disability benefits percentage: x 60%

Un-reduced 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

\*Please note: The 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.

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

## PLAN 1 RATES - Three Elimination Period Options

### 60 Day Waiting Period

Plan 1 Annual Disability Premiums		
Per \$100 Monthly Benefit Amount		
	Male	Female
Under 25	\$13.96	\$18.14
25-29	\$12.22	\$17.22
30-34	\$14.40	\$21.93
35-39	\$19.53	\$30.30
40-44	\$28.39	\$45.49
45-49	\$39.15	\$67.96
50-54	\$53.82	\$104.06
55-59	\$65.88	\$95.36
*60-64	\$57.22	\$73.98
*65-69	\$57.29	\$76.12

\* Renewal Premiums Only

### 90 Day Waiting Period

Plan 1 Annual Disability Premiums		
Per \$100 Monthly Benefit Amount		
	Male	Female
Under 25	\$6.88	\$10.03
25-29	\$5.65	\$9.15
30-34	\$6.06	\$11.66
35-39	\$8.38	\$16.31
40-44	\$13.90	\$26.12
45-49	\$22.90	\$43.73
50-54	\$37.99	\$69.56
55-59	\$53.86	\$67.89
*60-64	\$48.27	\$46.80
*65-69	\$51.35	\$45.70

\* Renewal Premiums Only

## 180 Day Waiting Period

### Plan 1 Annual Disability Premiums

#### Per \$100 Monthly Benefit Amount

	Male	Female
Under 25	\$6.19	\$9.03
25-29	\$5.08	\$8.23
30-34	\$5.46	\$10.49
35-39	\$7.54	\$14.68
40-44	\$12.51	\$23.51
45-49	\$20.61	\$39.36
50-54	\$34.19	\$62.60
55-59	\$48.48	\$61.10
*60-64	\$43.44	\$42.12
*65-69	\$46.22	\$41.13

\* Renewal Premiums Only

Rates and/or benefits may be changed on a class basis.

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

Premiums are based on the Insured Person's age on his or her effective date and on each premium due date thereafter; and Waiting Period options.

Premiums are mutually agreed upon between the Policy holder and The Company.

## PLAN 2 RATES - Three Elimination Period Options

## 60 Day Waiting Period

### Plan 2 Annual Disability Premiums

#### Per \$100 Monthly Benefit Amount

	Male	Female
Under 25	\$9.58	\$11.35
25-29	\$8.60	\$11.04
30-34	\$9.29	\$12.95
35-39	\$11.80	\$16.86
40-44	\$16.28	\$24.14
45-49	\$22.47	\$35.81
50-54	\$32.60	\$58.33
55-59	\$48.63	\$68.27
*60-64	\$55.22	\$71.48
*65-69	\$54.38	\$72.25

\* Renewal Premiums Only

## 90 Day Waiting Period

### Plan 2 Annual Disability Premiums

#### Per \$100 Monthly Benefit Amount

	Male	Female
Under 25	\$4.31	\$5.57
25-29	\$3.64	\$5.22
30-34	\$3.56	\$6.11
35-39	\$4.61	\$8.13
40-44	\$7.33	\$12.67
45-49	\$12.26	\$21.56
50-54	\$21.91	\$37.74
55-59	\$39.10	\$48.25
*60-64	\$48.68	\$47.23
*65-69	\$48.74	\$43.37

\* Renewal Premiums Only

## 180 Day Waiting Period

### Plan 2 Annual Disability Premiums

#### Per \$100 Monthly Benefit Amount

	Male	Female
Under 25	\$3.88	\$5.02
25-29	\$3.27	\$4.70
30-34	\$3.21	\$5.50
35-39	\$4.15	\$7.32
40-44	\$6.60	\$11.40
45-49	\$11.03	\$19.40
50-54	\$19.72	\$33.97
55-59	\$35.19	\$43.43
*60-64	\$43.81	\$42.51
*65-69	\$43.87	\$39.03

\* Renewal Premiums Only

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured Person and increase as you enter each new age category.

Premiums are based on the Insured Person's age on his or her effective date and on each premium due date thereafter; and Waiting Period options.

Premiums are mutually agreed upon between the Policy holder and The Company.

## What are Pre-disability Earnings?

If you are self-employed physicians, Pre-Disability Earnings are your average net monthly income (gross revenues less business expenses) from your practice or main business. This is based on either 12 or 24 months average, whichever produces the higher average. If you were self-employed for less than 12 months it is based on the whole time you were self-employed. If your practice is incorporated, net income includes the cost to your company of fringe benefits and your share of the surplus. 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 a self-employed physician, Pre-Disability Earnings is your regular monthly rate of pay, not counting commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the last day you were Actively At Work before you became disabled.

## Terminate:

Coverage will end on the earliest of

- 1.) the date the policy terminates
- 2.) SEMPA withdraws or cancels
- 3.) the premium due date on or next following the date you cease to be an active member of SEMPA
- 4.) you meet the age limit
- 5.) or the date you cease to be Actively at Work, except due to disability covered by the policy as described in the policy,
- 6.) the premium due date and required premium contribution is not made, subject to the Individual Grace Period.

## Disabled and Working Benefits:

If You are Disabled and Working, we will pay a Monthly Benefit for each month You are Disabled. The Disability must begin, before You reach age 60; and while You are covered under this benefit. Payment will begin on the first day following the day You have been Disabled and Working for as long as You would have been required to be Totally Disabled in order to have satisfied the Disability Elimination Period, whether or not You are Totally Disabled.

We will not pay for any part of a period that You are Disabled and Working that exceeds the Maximum Payment Period for this Benefit for any one Injury or any one Sickness. To determine the Disabled and Working Monthly Benefit, use the following calculation:

$(A \text{ divided by } B) \times C = D$

A = Your Pre-disability Earnings less Your Current Monthly Earnings.

B = Your Pre-disability Earnings.

C = The Monthly Benefit payable if You were otherwise Totally Disabled. (Disregard all other income from any employer or for any work when determining this figure).

D = The Disabled and Working Monthly Benefit payable. If a Disabled and Working Benefit is payable for less than a month, we will pay 1/30 of the Monthly Benefit for each day You are Disabled and Working. This minimum Monthly Benefit will never be less than \$50.00.

The Maximum Payment Period is applied separately to each Disability.

Disabled and Working Benefit payments will cease: on the first to occur of the date Your monthly earnings while You are Disabled and Working exceed 80% of Your Indexed Pre-disability Earnings; or the date You are eligible for benefits under the Disability Benefit due to the same or related causes; or the date You return to work in an occupation other than Your own.

Disabled and Working means a Disability that: continues while You are performing at least one of the material duties of Your own occupation on either a full-time or part-time basis; causes a loss of earnings of at least 20% (and less than 80%); and requires the Regular Care of a Physician. A disability that causes a loss of earnings of 80% or more is considered to be a Total Disability and will be payable under the Total Disability Benefit.

Exclusions:

**The Policy does not cover any Disability or loss caused by:**

- 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 Sickness or Injury for which workers' compensation benefits are paid, or may be paid, if duly claimed; or

- 5) 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
- 6) Your commission or attempted commission of a felony; or
- 7) 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.

**Pre-Existing Conditions Limitation:**

**For conditions Prior to your Effective Date we will not pay a Benefit for any loss or period of Total Disability which:**

- 1) begins during the first 12 month(s) of Your insurance; and
- 2) is a result of a Pre-existing Condition; unless such Total Disability begins after You have been free of Medical Care for the condition for a 12 month period ending any time on or after to Your effective date.

**Conditions Prior to Effective Date of Increase in Coverage:**

We will not pay an increased Benefit for any loss or period of Total Disability which: Begins during the first 12 month(s) following the date You make a change in coverage that increases Your benefits; and is a result of a Pre Existing Condition; unless such Total Disability begins after You have been free of Medical Care for the condition for a 12 month period ending any time on or after Your effective date of increase.

**Pre-existing Condition means any Disability, diagnosed or undiagnosed, for which Medical Care is received by You:**

Within the 12 month(s) period prior to the date Your insurance starts or with respect to the limitation for any increase in coverage, within the 12 month(s) period prior to the effective date of Your increase in coverage.

All manifestations, symptoms, or findings which result:

- 1) from the same or related Disability; or
  - 2) from any aggravations of that Disability;
- are considered to be the same Disability for the purpose of determining a Pre-existing Condition.

The benefit amount payable as the result of the Insured Person's Total Disability will be the lesser of the Monthly Benefit or 60% of the Insured Person's Pre-Disability Earnings minus:

- a) any Other Income Benefits, including those for which the Insured Person could collect but did not apply; and
  - b) all other income from any employer or for any work.
- However, if the Insured Person's Monthly Benefit would reduce to less than \$100 per Month due to Other Income Benefits, then the minimum Monthly Benefit under The Policy will be \$100 per month.

**Health Waiver and Application Modification Form:**

If Your Pre-existing Condition was excluded or limited by name or specific description on a Health Waiver and Application Modification form attached to Your certificate, then such Pre-existing Condition will not be covered under The Policy at any time, unless You complete an Application Requesting Removal of Waiver, and We agree in writing to remove the limitation on that condition.

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/test requested by the company will be conducted at your convenience and at no expense to you.

## 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 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.  
PA-9369

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.

**NOTE: Standard Issue Life and Disability**

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 another evidence of good health may be required. Any exams/test requested by the company will be conducted at your convenience and at no expense to you.

Hagan Benefits as the insurance broker and Third Party Administrator is compensated for the placement of insurance and for the services it provides to customers on behalf of the Hartford Life and Accident Insurance Company for the benefit of the Society of Emergency Medicine Physician Assistants. Compensation is paid to or retained by the Society of Emergency Medicine Physician Assistants directly or indirectly for services associated with this insurance program.





**Administered and managed by:**

Hagan Benefits, Inc.  
PO Box 5090  
Sioux Falls, SD 57117-5090  
1-877-272-1733  
Fax: 605-334-0556



**Underwritten by:**  
Hartford Life and Accident  
Insurance Company  
Simsbury, CT 06089

<sup>1</sup>The Hartford® is The Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.