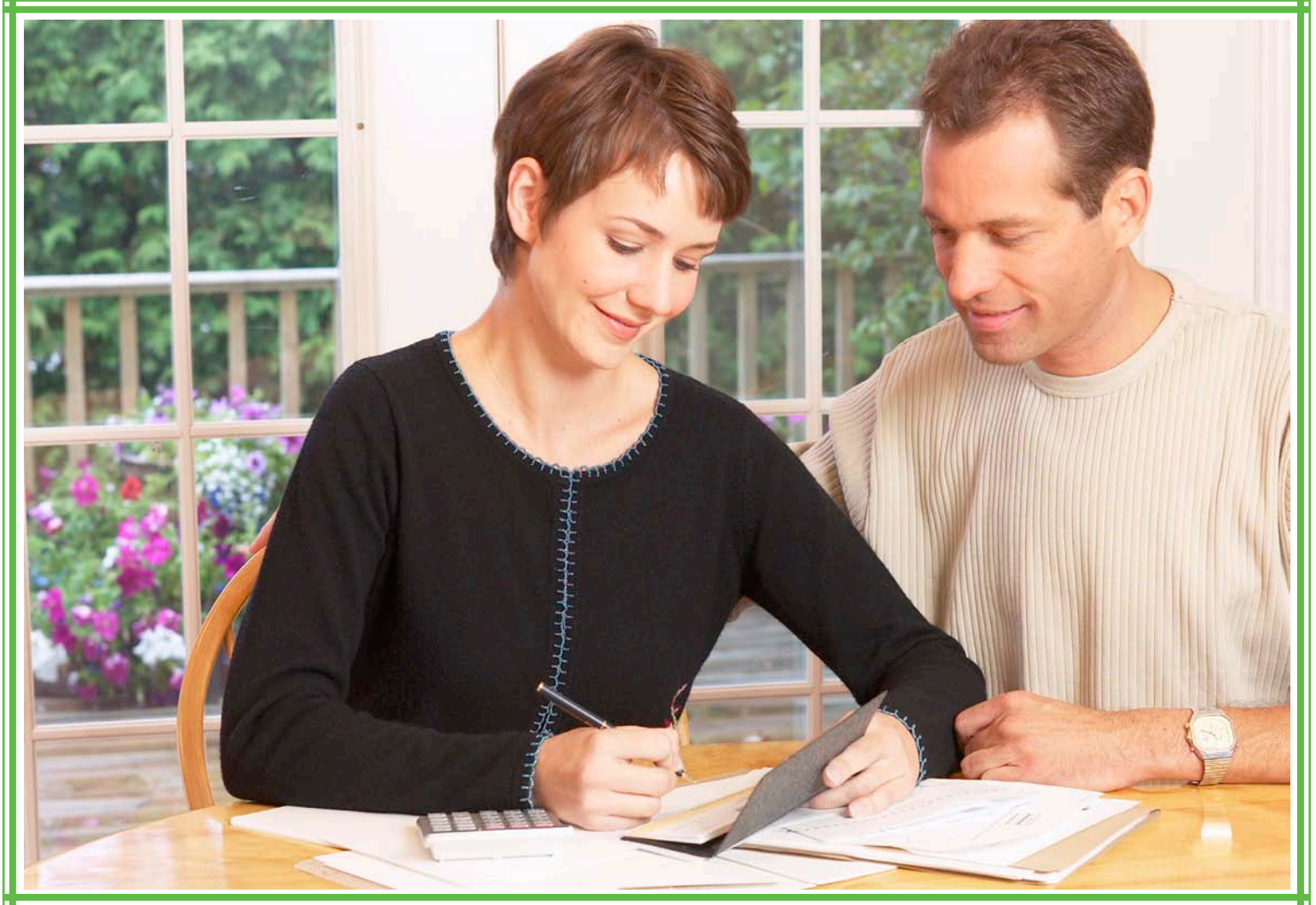




**National Society of
Professional Engineers®**



The Hartford Guide to Group Bill Payor Protection Insurance



**THE
HARTFORD**

Answers to Your Questions About NSPE Group Bill Payor Protection Insurance

Why should I have this protection?

Life Insurance vs. Disability Insurance—while it's hard to say one is more important than the other, here's a simple fact: in the United States, a disability injury occurs every second.* The Hartford's¹ Bill Payor Protection Plan for National Society of Professional Engineers members helps you to continue supporting yourself and your dependents should you be unable to work due to a covered injury or sickness.

**National Safety Council, Injury Facts, 2008 Ed.*

What does the plan feature?

With a combination of affordable rates, no offsets, and a lump sum payment, this plan provides you with coverage few other disability plans offer. They include:

- 24-hour disability coverage
- Benefits based on annual salary
- Own occupation monthly payment
- Any occupation lump sum payment

How long does the coverage last?

You may receive monthly payments for up to two years. If you remain Totally Disabled and are unable to engage in any occupation after that two-year period, you will receive a lump sum benefit that helps pay for expenses while you apply for Social Security Disability benefits. **Total Disability** means disability which, during the Waiting Period and the first 24 months during which Total Disability Benefits are payable, wholly and continuously prevents you from performing the substantial and material duties of your usual occupation.

What do I have to do to qualify?

Each person must be under age 60, a resident of the U.S., and actively engaged in full-time (30+ hours per week) duties for their occupation 90 days preceding the date your coverage is to take effect. If you and your spouse are both current NSPE insureds, only one of you may apply as the Policyholder with the other covered as a Spouse.

Coverage and Rate Information

Coverage Amounts

Salary Range	Monthly Benefit	Lump Sum Benefit
Under \$30,000	\$500	\$3,000
\$30,000–\$50,000	\$1,000	\$6,000
\$50,001–\$70,000	\$1,500	\$9,000
Over \$70,000	\$2,000	\$12,000

Changes in Coverage Due to Increases and Decreases in Salary:

If your salary increases, you may give us a Written Request to increase your coverage to any higher amount of insurance for which you are eligible.



Quarterly Rates per \$500 Benefit
NSPE Group Bill Payor Protection Insurance

Age	60-Day Waiting Period		90-Day Waiting Period	
	Male	Female	Male	Female
< 30	\$7.80	\$10.29	\$5.43	\$7.08
30 – 34	7.38	15.45	5.13	10.71
35 – 39	7.17	22.17	5.04	15.48
40 – 44	9.51	29.61	6.69	20.82
45 – 49	15.42	36.39	10.86	25.68
50 – 54	27.27	45.45	19.41	32.37
55 – 59	55.08	66.90	39.63	48.18
60 – 64*	94.08	92.34	69.72	68.43

Rates are based on the attained age of the Insured Person and increase as you enter each new age category. Rates may be changed on a class basis.
**Premiums for persons age 60–64 are for renewal purposes only.*

More Details on This Coverage
Exclusions and Limitations

This policy does not cover: intentionally self-inflicted injury, suicide, or attempted suicide while sane or insane; pregnancy or childbirth, except Complications of Pregnancy; war or act of war, whether declared or not; 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; or any injury or sickness, diagnosed or undiagnosed, for which you have received medical treatment or care within the 12 months immediately preceding your effective date until you have not received medical treatment or care for that condition during a period of 12 consecutive months ending on or after your effective date. After two years from your effective date, you will be covered regardless of any pre-existing conditions you may have. New conditions will be covered immediately. 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.

Successive Periods of Disability are periods of Total Disability due to the same or related medical causes and separated by less than 90 days during which you are actively at work, and will be considered one Period of Disability. Periods of Disability separated by at least 90 days during which you are actively at work will be considered separate Periods of Disability.

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

Period of Disability means a continuous length of time during which you are disabled under this plan.

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

Average Annual Salary means your annual rate of pay, not counting commissions, bonuses, overtime pay, or any other fringe benefit or extra compensation, averaged over the 12-month period that immediately preceded your last day of employment prior to becoming Disabled. Your average monthly salary will be your Average Annual Salary divided by 12.

TERMINATION

Your coverage terminates on the earliest of the following to occur: the date the policy is canceled; the premium due date on or next following the date you attain age 65 or cease to be Actively at Work, except due to disability covered by the policy; or the premium due date any

required premium contribution is not made, subject to the Grace Period. With respect to the Policyholder, your coverage will terminate on the premium due date on or next following the date you cease to be an active member of NSPE; or with respect to a covered spouse, the premium due date on or next following the date he or she is legally separated or divorced from you. Termination will be without prejudice to any claim which began prior to the effective date of termination.

30-DAY RIGHT TO REVIEW

You have a 30-day right to examine your certificate. If you are not satisfied, you may return it to us within 30 days of your Effective Date. In that event, we will consider it void from the Certificate Effective Date and any premiums paid will be refunded. Any claims paid under the Policy during the initial 30-day period will be deducted from the refund.

Applying for This Coverage

How do I apply?

Just complete the attached application and return to us along with your check for your first quarterly premium. Please make all checks payable to:

Pearl Insurance
NSPE Member Insurance Program Administrator
1200 East Glen Avenue
Peoria Heights, IL 61616

Other payment options include electronic funds transfer and credit card, but first payment must be made with check. See application for details. If you have any questions regarding this plan or need help completing the application, please call our NSPE Insurance Specialists at 800.438.2366 or visit www.nspeinsurance.com to complete our contact form and we will get in touch with you shortly.

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.

When Coverage Becomes Effective

Coverage becomes effective on the 1st of the month following the date the application is approved by The Hartford and your premium is paid. Acceptance into this plan is subject to medical evidence of insurability as determined by The Hartford. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

Certificates of Insurance

This brochure explains the general purpose of the insurance described, but in no way changes or affects Master Policy AGP-5341 as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to the policyholder. This program may vary and may not be available to residents of all states.

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

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.

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.

Pearl Insurance is the Plan Administrator and Insurance broker that administers the insurance plan on behalf of the Hartford Life and Accident Insurance Company for the benefit of the Group Policyholder. Pearl is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company, in addition to other compensation it may receive. Compensation is paid to or retained by the Group Policyholder directly or indirectly for services associated with this insurance program.

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Simsbury, CT 06089

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