



**National Society of
Professional Engineers®**



The Hartford Guide to Group Business Overhead Expense Insurance



Answers to Your Questions About NSPE Group Business Overhead Expense Insurance

Why may I need this protection?

Would the fixed expenses of your business or practice be taken care of if you became temporarily disabled and unable to work due to illness or injury? You may have coverage in place for your medical expenses and disability insurance for your lost income, but what about your business's monthly bills like rent, utilities, employees' salaries, insurance, and more? Group Business Overhead Expense Insurance through the National Society of Professional Engineers offers coverage for expenses incurred in the everyday operation of your business.

What does this plan feature?

This plan offers coverage for Eligible Expenses of up to \$10,000 per month for NSPE members under age 55, and up to \$5,000 per month for NSPE members ages 55 through 59. However, the amount requested cannot exceed the least of:

- 1) Actual covered expenses
- 2) Monthly average of covered expenses for six months prior to disability
- 3) Amount of monthly benefits in force

Benefits will commence on the first day of Total Disability following your choice of a selected Elimination Period (15, 30, 45, or 60 days) and will be payable for the selected maximum benefit period (12, 18, or 24 months) or as long as the insured is Totally Disabled, whichever is less.

What do I have to do to qualify?

If you are an NSPE member under age 60, actively at work on a full-time basis at least 30 hours a week, you are eligible to apply. All applications and amounts of benefits are subject to The Hartford's¹ approval.

Benefit Information

Eligible Expenses: This plan covers the following incurred expenses, which are normal and customary in the conduct and operation of a professional office or place of business:

- Rent
- Mortgage interest
- Electricity
- Malpractice insurance premiums
- Employees' salaries
- Telephone
- Heat
- Water
- Laundry
- Taxes
- Depreciation
- Other fixed expenses incidental to the operation of the office

Equipment Loan Coverage: The plan will consider as part of the monthly expenses, the average principal of any monthly installment loan payment for equipment relating to the insured's occupation.

Equipment loan coverage will not include:

- Any loan amount for which benefits are payable under any Credit Disability Insurance;
- Any period of Total Disability after the maturity date of the loan; nor
- Any amount of principal greater than the average principal or 20 percent of the total monthly expense. The principal of the monthly loan payment will not be included when computing the "average expenses incurred for the six-month period immediately preceding Total Disability," as stated in the policy.

Waiver of Premium: After an insured has been totally disabled for six consecutive months, premiums due thereafter will be waived during the remainder of the disability, provided the disability began before the insured's 60th birthday.

Waiver of premium will cease on the earliest of:

- 1) The date the insured is no longer totally disabled
- 2) The date the policy is terminated
- 3) The date the maximum benefits are paid
- 4) The date the insured resumes normal occupational activities



Professional Corporation: If monthly expenses are incurred on the insured's behalf by a professional corporation, while the insured is totally disabled, such expenses shall be deemed incurred by the insured. Benefits for such expenses shall be payable directly to the professional corporation.

Continuation of Benefits: If the insured dies while benefits are payable, benefits will continue for a period of three months, but not beyond the Maximum Period Payable. Benefits will be paid to the insured's estate for covered monthly expenses incurred after death, not to exceed the Maximum Monthly Expense Benefit.

More Details on This Coverage

Definition of Total Disability: You must be under the regular care of a physician, unable to perform the substantial and material duties of your profession, and not gainfully employed in any occupation for which you are or become qualified by education, training, or experience.

Presumptive Disability: Total Disability will be presumed after the elimination period if injury or sickness results in the total and irrecoverable loss of the following, which cannot be restored or corrected by medical or surgical treatment:

- Speech and hearing in both ears
- Sight in both eyes
- Use of both hands, or both feet, or one hand and one foot

Recurrent Disability: Successive periods of disability, due to same or related causes, shall be considered as one accident or sickness unless separated by at least six consecutive months during which the insured works full time in his/her occupation.

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

Pre-existing Conditions: Pre-existing conditions are not covered under the plan until the covered person has received no medical treatment for that condition for 12 consecutive months or has been insured under the policy for 24 consecutive months, whichever is earlier. Pre-existing condition means an injury or sickness, including mental and nervous disorders, for which a covered person received treatment or services within 12 months prior to the effective date of coverage.

Effective Date: You will become covered under the Policy on the Certificate Effective Date shown on your Schedule subject to: a) payment of the required premium; and b) the Deferred Effective Date provision.

Deferred Effective Date: If on the date you are to become: a) covered under the Policy; or b) covered for increased benefits under the Policy; and you are not Actively at Work on that date, you will not be so covered until the first day of the month on or next following the date you are Actively at Work for 30 days.

Exclusions

This policy does not cover:

- 1) intentionally self inflicted Injury, suicide or attempted suicide, while sane or insane (in Missouri while sane);
- 2) pregnancy or childbirth, except Complications of Pregnancy;
- 3) war or act of war, whether declared or not;
- 4) 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;
- 5) the commission or attempted commission of a felony by you;
- 6) 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;
- 7) any Pre-Existing Condition.

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.

Coverage is available in every state except the following: Florida, Iowa, Louisiana, Maryland, Nevada, New York, North Carolina, and South Carolina.

Monthly reimbursement will not include:

- Salary, fees, or other remuneration paid to the insured, his/her associate, or replacement
- Salaries for family members employed less than three months prior to the Insured's disability
- The cost of merchandise, materials, or other supplies
- The cost of business-related implements or equipment, or leased automobiles

Rates and Benefit Periods

**Semiannual Premium Rates per \$1,000
NSPE Group Business Overhead Expense**

Attained Age	15-Day Elimination	30-Day Elimination	45-Day Elimination	60-Day Elimination
12-Month Maximum Benefit Period				
Under 35	\$23.32	\$12.80	\$11.43	\$9.60
35 – 44	31.10	22.87	19.66	16.92
45 – 54	58.08	45.73	40.70	35.67
55 – 59	92.84	73.63	65.85	58.54
60 – 64*	127.13	102.44	92.84	83.23
65 – 69*	173.32	144.05	131.25	118.45
18-Month Maximum Benefit Period				
Under 35	\$26.98	\$14.63	\$12.80	\$10.98
35 – 44	35.67	26.07	22.87	20.12
45 – 54	66.31	52.59	46.65	41.16
55 – 59	106.55	85.06	75.91	67.68
60 – 64*	146.34	117.99	106.55	95.58
65 – 69*	199.85	166.01	150.46	135.82
24-Month Maximum Benefit Period				
Under 35	\$29.73	\$16.46	\$14.63	\$12.35
35 – 44	39.33	28.81	25.15	21.95
45 – 54	73.63	57.62	51.22	45.27
55 – 59	117.07	93.75	84.15	74.09
60 – 64*	161.43	129.88	117.53	105.18
65 – 69*	219.51	182.47	165.55	140.40

*For renewal 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.

Termination of Coverage: Once in force, coverage continues to age 70, as long as premiums are paid when due, the insured is a member of the NSPE and working full time, the insured does not enter full-time military duty, and the Master Policy remains in force.

Exhaustion of Benefits: Coverage will cease when benefits have been paid for the Maximum Period Payable. No further benefits will be paid for any Total Disability, regardless of cause. Upon return to full-time active work for at least 30 consecutive days, the member may re-apply for coverage, without evidence of insurability, if:

- 1) He/She is an Eligible Person as defined in the Master Application;
- 2) Written application for coverage is made within 30 days of the insured's return to work; and
- 3) The required premium is paid.

Coverage will not be provided for any Total Disability resulting from the same or related causes of the disability which exhausted benefits until:

- 1) The member has resumed full-time active work for a period of at least 180 consecutive days; or
- 2) Twelve months of continuous coverage have elapsed; whichever occurs first.

Applying for This Coverage

How do I apply?

To apply for the NSPE Business Overhead Expense program, select your plan (maximum benefit period) and elimination period (amount of time before benefits begin) in order to determine your semiannual premium. Return the completed NSPE Business Overhead Expense Insurance application and a check for your first semiannual premium to the address below. Make 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.

Certificates of Insurance

This brochure explains the general purpose of the insurance described, but in no way changes or affects Master Policy AGP 5108 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 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.

Medical Information Bureau (MIB) Notice

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.

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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