

Your family counts on you to always be there. Give them serious protection in case you can't be!

Choose between \$25,000 and \$250,000 of term life protection!

Life insurance is the foundation of responsible financial planning. And, since we know you take your responsibilities quite seriously, we want you to know about our NCOA-Endorsed Term Life Insurance Plan, underwritten for members by Hartford Life and Accident Insurance Company.

APPLY FOR TIER 1:

Our highest level of coverage — up to \$250,000!

If you have more responsibilities today, such as a growing family and a mortgage payment, or simply don't have all the coverage you need, you may want to consider a higher benefit level. NCOA Members and spouses can apply for Tier 1 coverage and choose between \$125,000 and \$250,000 of term life protection.

To apply, download, complete and return the appropriate application. 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.

APPLY FOR TIER 2:

A great start — up to \$100,000!

This level of coverage makes great sense for many people. For instance, you may need to supplement existing coverage with \$50,000, \$75,000 or \$100,000. Or, if your responsibilities are decreasing as children begin to leave home and/or your home is paid off, you could start scaling down your protection to meet diminishing needs. It's also a good place to start if you want a solid base of coverage that you plan to grow later.

You can apply now using the simplified issue application. No medical exam is needed to apply for Tier 2 protection.



NCOA-ENDORSED



*Group rated exclusively
for Members, spouses
& dependent children*

Underwritten by:



Hartford Life and Accident
Insurance Company
Simsbury, CT 06089

**NO MEDICAL
EXAM REQUIRED!**

Your 30 day right to review.

Once you receive your certificate, you have a full 30 days to review your coverage. We want you to be sure this protection is right for you. If for any reason you change your mind, simply return your certificate to cancel your coverage. You will receive a full premium refund.

Apply now by completing the appropriate application for the coverage you wish. Then, return the application with your first month's premium payment (or indicate the automatic payment method you prefer on your application).

Mail to:

**The Hartford
P.O. Box 1197
Minneapolis, MN 55440-9546**

Your spouse may apply for up to \$250,000, too!

Your eligible spouse, age 18 to 64, can apply with you and choose a benefit level that makes sense for their income level. You can each apply for as much as \$250,000 of protection and give your family up to \$500,000 of total family protection. Your spouse may be included for coverage as your dependent with a benefit of up to \$250,000, but coverage may not be duplicated as a dependent if your spouse is also applying.

Dependent children may be covered for up to \$10,000 per child!

When you apply for coverage, you can choose to include dependent children with protection of up to \$10,000 per child. To be eligible your child, stepchild, legally adopted child or foster child must be primarily dependent on you, or your spouse for support and maintenance and be under age 19; or under age 23 and attending an institution of learning full-time. Children under six months are covered for \$2,500.

Who is eligible?

You are eligible for this coverage if you are an active member of NCOA, age 18 to 64, a resident of the United States, and not confined for medical care or treatment in an institution or at a home.

Collect up to 75% — as much as \$187,500 — as a Living Benefit.

If you or your insured spouse, under age 60, are diagnosed with a terminal illness and have a life expectancy of 12 months or less, you can accelerate up to 75% of your NCOA Term Life Insurance benefit. You can use this “living benefit” to help your family pay the bills and otherwise cope during this difficult period. The benefit paid upon death will be reduced by the amount of the accelerated benefit already paid. Receipt of accelerated benefits may be taxable. Seek assistance from your personal tax advisor for more information.

You pay NOTHING if you become disabled.

If you are under age 60 and become totally disabled and unable to work, you can apply to The Hartford for a Waiver of Premium and, if approved, your coverage will continue without the need for you to pay premiums. Premiums are not waived for the first 9 months you are disabled. Only the Member may qualify for a Waiver of Premium. The waiver of premium ends when you are no longer totally disabled or maximum benefits have been paid.

More about this coverage.

EXCLUSIONS: Suicide is not covered during the first two years of coverage.

REDUCTION OF BENEFITS: Upon attaining age 65, the benefit amounts will reduce to a maximum of \$100,000 until you reach age 70. At age 70, coverage terminates.

TERMINATION: Your coverage will end on the earliest to occur: the date the Master Policy terminates, you cease to be an active member of NCOA, you attain age 70, or you no longer pay your premiums. Your dependent's coverage will remain in effect as long as your coverage is active, premiums are paid, and they meet the eligibility requirements.

EFFECTIVE DATE: Your coverage will become effective after your application is approved by The Hartford and receipt of the first month premium has been received by the administrator. If on the date that You are to become covered under The Policy or covered for increased benefits under The Policy, You are: 1) not Actively at Work; or 2) unable to carry on all the normal and customary activities of a person of like age and gender, in good health, if not employed; You will not be so covered until the earlier of: 1) the first day of the month on or next following the date You have been Actively at Work for 90 consecutive days; or 2) the first day of the month on or next following the date You have been able, for 90 consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health.

Questions? Customer Service Specialists are available if you have questions about this NCOA Term Life Insurance Plan.

Call us at **1-866-599-2656**.

You can find out more about this and other products for NCOA members by emailing us at customerservice@driasi.com.



NCOA-ENDORSED

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 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.

The purchasing power of NCOA Membership means you pay less.

NCOA Members and their families benefit from the enormous buying strength of all NCOA Members, so you pay less than you would if you were to purchase this coverage individually.



NCOA-ENDORSED

Monthly Non-Smoker Rates

AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Under 40	\$2.68	\$5.35	\$8.03	\$10.70	\$13.38	\$16.05	\$18.73	\$21.40	\$24.08	\$26.75
40-44	\$3.45	\$6.90	\$10.35	\$13.80	\$17.25	\$20.70	\$24.15	\$27.60	\$31.05	\$34.50
45-49	\$6.03	\$12.05	\$18.08	\$24.10	\$30.13	\$36.15	\$42.18	\$48.20	\$54.23	\$60.25
50-54	\$11.23	\$22.45	\$33.68	\$44.90	\$56.13	\$67.35	\$78.58	\$89.80	\$101.03	\$112.25
55-59	\$19.65	\$39.30	\$58.95	\$78.60	\$98.25	\$117.90	\$137.55	\$157.20	\$176.85	\$196.50
60-64	\$26.65	\$53.30	\$79.95	\$106.60	\$133.25	\$159.90	\$186.55	\$213.20	\$239.85	\$266.50
65-69	\$40.68	\$81.35	\$122.03	\$162.70	N/A	N/A	N/A	N/A	N/A	N/A

Monthly Smoker Rates

AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Under 40	\$5.55	\$11.10	\$16.65	\$22.20	\$27.75	\$33.30	\$38.85	\$44.40	\$49.95	\$55.50
40-44	\$7.98	\$15.95	\$23.93	\$31.90	\$39.88	\$47.85	\$55.83	\$63.80	\$71.78	\$79.75
45-49	\$13.18	\$26.35	\$39.53	\$52.70	\$65.88	\$79.05	\$92.23	\$105.40	\$118.58	\$131.75
50-54	\$23.33	\$46.65	\$69.98	\$93.30	\$116.63	\$139.95	\$163.28	\$186.60	\$209.93	\$233.25
55-59	\$40.85	\$81.70	\$122.55	\$163.40	\$204.25	\$245.10	\$285.95	\$326.80	\$367.65	\$408.50
60-64	\$55.43	\$110.85	\$166.28	\$221.70	\$277.13	\$332.55	\$387.98	\$443.40	\$498.83	\$554.25
65-69	\$84.63	\$169.25	\$253.88	\$338.50	N/A	N/A	N/A	N/A	N/A	N/A

All Children monthly rate \$3.25

GBD-1000 A (AGL-1827)

¹For renewal only.

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

You qualify for nonsmoker rates if you haven't smoked cigarettes, cigars or used a pipe or chewing tobacco, nicotine product or snuff during the 12 months prior to the date you apply for coverage.

Premiums increase upon entry into a new 5-year age bracket. The benefits and rates for this group policy may be changed for all persons covered by this plan. You can never be singled out for a rate increase or a change in benefits and we will notify you in advance in writing of any changes. This is private insurance. This insurance is not associated with SGLI.

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

STATE NOTICE

Any person who includes any false or misleading information on an application or filing a claim for an insurance policy is subject to criminal and civil penalties. It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. In certain states, penalties may include imprisonment, fines, denial of insurance, and civil damages.

Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the State Insurance Regulatory Agency and/or Division of Insurance. If while in the state of Florida, a person knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, the person is guilty of a felony in the third degree. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false, misleading or deceptive information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to substantial civil and/or criminal penalty where and to the extent allowed by state law.