Group 10-Year Level Term Life Insurance Plan

FOR ILLINOIS CPA SOCIETY MEMBERS

- **Level Issue Age Premiums for 10 Years**

Group 10-Year Level Term Life Insurance is Valuable Protection Your Family May Not Want to Be Without

You probably understand the importance of having sufficient life insurance. Now, you have the opportunity to help make sure you have protection. Your loved ones will appreciate the additional peace of mind this Plan can provide, with benefit amounts up to $150,000 that can help them go on with their lives with fewer financial concerns.

About This Plan

You may select from $50,000 to $150,000 in 10-Year Life insurance coverage (in $50,000 increments).

Termination of Coverage

As long as you remain an active member of the Illinois CPA Society, pay your premium when due, and the master policy remains in force, you can keep your coverage until you turn age 75. Your dependent's coverage will remain in effect as long as your coverage is active, premiums are paid, and they meet the eligibility requirements.

Who May Apply

All ICPAS members under age 65, a citizen or legal resident of the United States, may apply for coverage for themselves and their Spouse. Your Spouse must be under age 65, a citizen or legal resident of the United States, not legally separated or divorced from you. In order to become insured, individuals must provide satisfactory evidence of insurability, and the required premium must be paid.

A dependent who is also a member is eligible for either member or dependent coverage, but not both. If both the member and spouse are covered as members, neither may insure the other as spouse.

Spouse includes domestic partners who have provide a domestic partner affidavit or other documentation as required by law.

This coverage is not available in all states

IMPORTANT FEATURES

Nonsmoker Rates
If you have not smoked cigarettes, cigars or used a pipe or chewing tobacco, nicotine chewing gum or snuff in the last 12 months, you are eligible for a nonsmoker premium rate.

Group 10-Year Level Term Life Benefit
If a Covered Person dies while insured under the Policy, we will pay a Life Insurance Benefit after we receive proof of death. Group 10-Year Level Term Life benefit will be paid according to the Beneficiary Designation provision of the Policy.

Satisfaction Guaranteed
You may return your Certificate of Insurance within 30 days if you are not completely satisfied with the coverage this Plan provides. Any premiums paid will be fully refunded. Any claims paid under this Policy during the initial 30-day period will be deducted from the refund.

Convenient Payment Options
Automatic Monthly Check Withdrawal: Choose to have your premiums automatically deducted from your checking account on a monthly basis.

Direct Bill: Choose to have your premiums billed to you directly on a quarterly, semiannual or annual basis.

Beneficiary Selection
You may name anyone you wish as the beneficiary of this Plan, and you may change your beneficiary by contacting the Insurance Administrator in writing and advising them of the change. Your beneficiary may choose to receive benefits in a lump sum, monthly installments or a combination of both.

Continuing Insurance After the 10-Year Term Ends
Premiums will not change due to health or age for the first ten years of coverage. At the end of the 10-year period, if you still meet requirements of eligibility, you may apply for re-entry. A written application and evidence of insurability satisfactory to Hartford Life and Accident Insurance Company is required.
Or you can be automatically transferred to a group annual renewable term life policy (ART)* with attained age rates, without evidence of insurability, and subject to all the terms and eligibility requirements of that policy.

*ART life policy premium rates are attained age rates and may be changed at any time by the company. The initial premium rate will be based on the Covered Person's then current age at the time of transfer.

Effective Date
Insurance will take effect on the date your application is approved and your first premium is paid.

Current "PREFERRED" and "PREFERRED PLUS" Annual Premium Contributions Per $1000 Monthly Benefit Amount NONSMOKER						
	Face Amounts Less than or Equal to $100,000		Face Amounts $100,001-150,000		Face Amounts $100,001-150,000	
Issue Age	MALE Preferred	FEMALE Preferred	MALE Preferred	FEMALE Preferred	MALE Preferred Plus	FEMALE Preferred Plus
20-30	$1.00	$0.87	$0.76	$0.64	$0.68	$0.58
31	$1.03	$0.91	$0.80	$0.67	$0.71	$0.61
32	$1.07	$0.94	$0.83	$0.71	$0.74	$0.64
33	$1.11	$0.98	$0.87	$0.74	$0.77	$0.67
34	$1.15	$1.01	$0.91	$0.78	$0.81	$0.70
35	$1.20	$1.06	$0.97	$0.82	$0.86	$0.74
36	$1.27	$1.10	$1.03	$0.86	$0.91	$0.77
37	$1.34	$1.14	$1.10	$0.91	$0.97	$0.81
38	$1.40	$1.20	$1.17	$0.96	$1.02	$0.86
39	$1.48	$1.26	$1.24	$1.02	$1.09	$0.90
40	$1.55	$1.32	$1.32	$1.08	$1.15	$0.95
41	$1.63	$1.37	$1.40	$1.14	$1.22	$1.00
42	$1.72	$1.44	$1.48	$1.20	$1.29	$1.05
43	$1.82	$1.49	$1.58	$1.25	$1.37	$1.10
44	$1.93	$1.55	$1.70	$1.31	$1.46	$1.15
45	$2.06	$1.61	$1.82	$1.37	$1.56	$1.20
46	$2.19	$1.68	$1.96	$1.44	$1.68	$1.25
47	$2.34	$1.75	$2.10	$1.51	$1.80	$1.31
48	$2.47	$1.82	$2.23	$1.58	$1.91	$1.37
49	$2.59	$1.90	$2.36	$1.66	$2.02	$1.44
50	$2.73	$1.98	$2.50	$1.74	$2.13	$1.51
51	$2.88	$2.06	$2.65	$1.83	$2.26	$1.58
52	$3.03	$2.15	$2.80	$1.91	$2.39	$1.65
53	$3.27	$2.26	$3.03	$2.02	$2.59	$1.74
54	$3.53	$2.37	$3.29	$2.13	$2.81	$1.84
55	$3.81	$2.49	$3.57	$2.26	$3.05	$1.94
56	$4.11	$2.63	$3.87	$2.39	$3.30	$2.06
57	$4.43	$2.76	$4.19	$2.53	$3.57	$2.17
58	$4.74	$2.91	$4.50	$2.67	$3.83	$2.29
59	$5.07	$3.07	$4.84	$2.83	$4.11	$2.43
60	$5.40	$3.23	$5.16	$2.99	$4.38	$2.56
61	$6.12	$3.68	$5.88	$3.44	$5.04	$2.98
62	$6.89	$4.15	$6.65	$3.92	$5.75	$3.43
63	$7.82	$4.66	$7.58	$4.42	$6.58	$3.90
64	$8.86	$5.15	$8.62	$4.98	$7.51	$4.36

Current "STANDARD" Annual Premium Contributions Per $1000 Monthly Benefit Amount NONSMOKER				
	FACE AMOUNTS Less than or Equal to $100,000		FACE AMOUNTS $100,001-$150,000	
Issue Age	MALE Standard	FEMALE Standard	MALE Standard	FEMALE Standard
20-30	$1.57	$1.26	$1.34	$1.02
31	$1.64	$1.33	$1.40	$1.09
32	$1.71	$1.41	$1.48	$1.17
33	$1.79	$1.48	$1.55	$1.24
34	$1.88	$1.56	$1.64	$1.32
35	$1.99	$1.64	$1.76	$1.41
36	$2.13	$1.73	$1.89	$1.50
37	$2.28	$1.83	$2.05	$1.59
38	$2.42	$1.95	$2.18	$1.72
39	$2.57	$2.08	$2.33	$1.84
40	$2.73	$2.21	$2.50	$1.97
41	$2.91	$2.34	$2.68	$2.11
42	$3.11	$2.48	$2.87	$2.25
43	$3.34	$2.60	$3.10	$2.37
44	$3.59	$2.73	$3.36	$2.49
45	$3.86	$2.86	$3.62	$2.62
46	$4.15	$2.99	$3.92	$2.76
47	$4.46	$3.14	$4.23	$2.91
48	$4.73	$3.29	$4.50	$3.06
49	$5.00	$3.46	$4.76	$3.22
50	$5.28	$3.63	$5.05	$3.39
51	$5.58	$3.81	$5.35	$3.57
52	$5.89	$3.99	$5.65	$3.76
53	$6.39	$4.22	$6.15	$3.98
54	$6.92	$4.46	$6.69	$4.22
55	$7.51	$4.71	$7.27	$4.47
56	$8.14	$4.98	$7.90	$4.74
57	$8.83	$5.25	$8.59	$5.01
58	$9.49	$5.57	$9.25	$5.33
59	$10.20	$5.91	$9.96	$5.67
60	$10.93	$6.26	$10.69	$6.02
61	$12.07	$6.92	$11.83	$6.68
62	$13.27	$7.62	$13.03	$7.38
63	$14.87	$8.33	$14.63	$8.09
64	$16.71	$9.09	$16.47	$8.94

Current "STANDARD" Annual Premium Contributions Per $1000 Monthly Benefit Amount SMOKER				
	FACE AMOUNTS Less than or Equal to $100,000		FACE AMOUNTS $100,001-$150,000	
Issue Age	MALE Standard	FEMALE Standard	MALE Standard	FEMALE Standard
20-30	$2.25	$1.74	$2.01	$1.51
31	$2.36	$1.86	$2.12	$1.62
32	$2.49	$1.99	$2.25	$1.76
33	$2.62	$2.12	$2.38	$1.88
34	$2.78	$2.25	$2.54	$2.01
35	$2.96	$2.39	$2.73	$2.15
36	$3.19	$2.55	$2.96	$2.31
37	$3.45	$2.71	$3.22	$2.47
38	$3.68	$2.91	$3.44	$2.68
39	$3.93	$3.12	$3.69	$2.89
40	$4.21	$3.34	$3.97	$3.10
41	$4.51	$3.56	$4.27	$3.32
42	$4.84	$3.79	$4.60	$3.55
43	$5.21	$3.99	$4.98	$3.76
44	$5.64	$4.20	$5.40	$3.96
45	$6.08	$4.42	$5.84	$4.18
46	$6.57	$4.64	$6.33	$4.41
47	$7.09	$4.90	$6.85	$4.67
48	$7.54	$5.15	$7.30	$4.92
49	$7.99	$5.43	$7.75	$5.19
50	$8.47	$5.71	$8.23	$5.47
51	$8.96	$6.00	$8.72	$5.77
52	$9.48	$6.32	$9.24	$6.08
53	$10.33	$6.69	$10.09	$6.45
54	$11.23	$7.10	$10.99	$6.86
55	$12.22	$7.54	$11.98	$7.30
56	$13.26	$7.99	$13.02	$7.75
57	$14.41	$8.46	$14.17	$8.22
58	$15.52	$8.99	$15.28	$8.75
59	$16.70	$9.55	$16.45	$9.32
60	$17.93	$10.13	$17.68	$9.89
61	$19.45	$10.87	$19.21	$10.63
62	$21.10	$11.71	$20.94	$11.47
63	$23.45	$12.55	$23.30	$12.38
64	$26.18	$13.72	$26.04	$13.59

Premiums are based on the applicant's age at date of issue and on attained age at renewal dates. This rate table should not be used to calculate your premium beyond your attained age when your coverage becomes effective. Rates and/or benefits are not guaranteed and may be subject to change on a class basis.

Only nonsmokers meeting the highest underwriting standards will qualify for the "Preferred Plus" rates. Other nonsmokers may qualify for the higher "Preferred" or "Standard" rates. (Note: Smokers may only qualify for "Standard" rates.) Upon approval of your Application you will be notified of the rate classification for each approved person.

Acceptance into this plan and premium rate is subject to medical evidence of insurability as determined by The Hartford and underwriting guidelines. As part of the evidence of insurability process, 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 no expense to you.

If applicable, an additional $2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Exclusions: If a Covered Person commits suicide: while sane or insane during his or her first two years of coverage under the Policy; we will only pay an amount equal to the premium paid for coverage to the date of death. The Life Insurance Benefit is payable if a Covered Person is insured under the Policy and commits suicide after the two year period. The two-year suicide exclusion applies if a Covered Person commits suicide during the two years immediately following an increase in coverage under the Policy. In that event, the Amount of Insurance payable will equal the Amount of Insurance in force prior to the increase plus an amount equal to the premium paid for the increase to the date of death.

How to Apply

1. Complete, date and sign the application. Be sure to indicate the coverage amount of your choice.
2. Indicate your billing preference on the application. If you are applying through Automatic Monthly Check Withdrawal, you must also include a check for your first monthly premium and a blank voided check. If you are paying through Quarterly Direct Bill, Semiannual Direct Bill or Annual Direct Bill, just include a check with your application.

Send to:

ICPA GROUP INSURANCE
P.O. Box 14533
Des Moines, IA 50306

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

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Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent.

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Program Offered by:

AMBA

Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency

CA Insurance License #0I96562 | AR Insurance License #100114462

P.O. Box 14533
Des Moines, IA 50306

1-800-842-ICPA (4272)
www.plansforICPASmembers.com

Underwritten by:

The Hartford

Hartford Life and Accident Insurance Company
Hartford, CT 06155

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of: All states, excluding Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance-support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

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 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 Model 400, Braintree, Massachusetts 02184-8734. 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.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers.

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Form PA-10210 (2018)

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to learn what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event we make an adverse underwriting decision relating to You, we will provide You with information regarding such decision and Your rights.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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