Group Term Life Insurance Plan

- **Up to $150,000 in coverage**
- **Additional Accidental Death Benefit**

Life Insurance is Important Protection to Help Meet Your Family's Needs

You certainly understand the importance of having sufficient life insurance. Now, you have the opportunity to make sure you have that protection. Your loved ones will appreciate the additional peace of mind this Plan can provide, with benefits up to $150,000 that will help let them go on with less financial concern.

About This Plan

You may select from $25,000 to $150,000 in term life insurance coverage (in $25,000 increments).

Who May Apply

All Illinois CPA Society members and their spouses under age 60 and working Actively-at-Work 30 hours a week are eligible to apply for this Plan. Unmarried, dependent children under age 19 (23 if a full-time student) are also eligible for $5,000 of coverage ($500 if age 15 days to six months). When both Spouses are eligible members, each may apply as a member; however, coverage may not be duplicated by applying as dependents of the other. Dependent Children can only be covered by one 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.

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 70. Your dependent's coverage will remain in effect as long as your coverage is active, premiums are paid, and they meet the eligibility requirements.

IMPORTANT FEATURES

Additional Accidental Death Benefit

If death should occur as the result of a covered accidental Injury and within 90 days from the date of the accident and you are covered under this benefit, your beneficiary will receive an additional amount equal to your selected benefit (not to exceed $250,000).
Injury means bodily Injury resulting directly and independently of all other causes from an accident which occurs while the person is covered under the Policy.

Non-Smoker Rates

Pay less 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 non-smoker premium rate.

Waiver of Premium for Disability

If you become Disabled prior to age 60 and the disability continues for six consecutive months, premiums will be waived as long as the disability continues, up to age 70. When your disability ends, premium payments resume.

Disabled means You are wholly and continuously prevented from: performing any work or occupation for wage or profit for which You are reasonably qualified or trained; or if not employed, engaging in the normal activities of a person of like age and gender in good health; as a result of injury or sickness.

If You are in an occupation that requires You to maintain a license, Your failure to pass a physical examination required to maintain that license does not alone mean that You are disabled.

Accelerated Death Benefit

In the event of a Terminal Illness, you may receive up to 50% of the life insurance benefit before death to a maximum of $100,000 upon being diagnosed by a physician as having less than 24 months to live. Member must be covered with at least $50,000 life insurance and be under age 70 to be eligible for these benefits. The face amount of your term life coverage is then reduced by the accelerated benefit paid out. Receipt of accelerated benefits may be taxable. Seek assistance from your personal tax advisor for more information**.

** Accelerated benefits may be taxable. These materials are not intended to provide tax, accounting or legal advice and cannot be relied upon for any such purpose. We recommend that you consult with a qualified tax advisor. Accelerated benefits may affect your or your family's initial or continued eligibility for public assistance, such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), we recommend that you consult with social service agencies with any questions regarding eligibility for public assistance.

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, minus any claims paid.

Convenient Payment Options

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

Semi-Annual Direct Bill: Choose to have your premiums billed to you directly on a semi-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. Only requests received prior to Your death will be accepted. Your beneficiary may choose to receive benefits in a lump sum, monthly installments or a combination of both. If you do not name a beneficiary the insurance amount will be paid to your survivors, in equal shares, to first your spouse; children; parents; brothers and sisters or to your estate.

Conversion Privileges

You and your covered family members may convert your group term life insurance into an individual insurance policy, subject to the policy provisions offered by the insurance company if coverage ends for any reason except nonpayment of premiums. You will not be required to provide any physical proof of insurability for this conversion to an individual life insurance policy. Your Certificate of Insurance contains more details on this conversion privilege.

MONTHLY PREMIUMS

Non-Smoker Rates

Insured's Age	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
Under 30	$2.25	$4.51	$6.76	$9.01	$8.63	$10.35
30–34	2.30	4.60	6.90	9.20	8.63	10.35
35–39	3.12	6.23	9.34	12.46	12.46	14.95
40–44	5.03	10.06	15.09	20.13	20.13	24.15
45–49	8.05	16.10	24.15	32.20	34.74	41.69
50–54	12.22	24.44	36.66	48.88	56.78	68.14
55–59	25.16	50.31	75.47	100.63	125.78	150.94
60–64*	38.91	77.82	116.73	155.63	194.54	233.45
65–69*	63.35	126.69	190.04	253.38	316.73	380.08

Smoker Rates

Insured's Age	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
Under 30	$2.78	$5.56	$8.34	$11.12	11.26	$13.51
30–34	2.97	5.94	8.91	11.88	11.98	14.38
35–39	4.36	8.72	13.08	17.44	18.69	22.43
40–44	7.00	13.99	20.99	27.98	29.95	35.94
45–49	11.36	22.71	34.07	45.43	51.27	61.53
50–54	17.11	34.21	51.32	68.43	81.22	97.46
55–59	25.92	51.85	77.77	103.69	129.62	155.54
60–64*	38.91	77.82	116.73	155.63	194.54	233.45
65–69*	63.35	126.69	190.04	253.38	316.73	380.08

*For renewal purposes only.

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

For the other benefit levels not listed in this brochure, please contact the administrator.

You are considered a non-smoker if you have not smoked cigarettes, cigars or used a pipe or chewing tobacco, nicotine chewing gum or snuff in the last 12 months. Premiums are based on 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 may be changed on a class basis. Coverage is renewable to age 70. For Children's coverage: Add $1.15 to your monthly premium (for semi-annual, add $6.90) for children 6 months to 19 years of age (23 if full time student) for a benefit of $5,000 ($500 for age 15 days to 6 months).

If paying by Semi-Annual Direct Bill, here is how you would compute your premium: find the appropriate monthly rate above and multiply by 6.

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.

Acceptance into this plan 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 your convenience and at no expense to you.

Exclusions

If You or Your Dependent commit suicide, while sane or insane: 1) during the first two years of coverage under The Policy, We will only pay the deceased person's Life Insurance Benefit in an amount equal to the premium paid for coverage to the date of death; or 2) during the two years immediately following an increase in coverage under The Policy, We will only pay the deceased person's 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 Policy does not cover any loss caused by: 1) intentionally self-inflicted Injury; 2) suicide or attempted suicide, whether sane or insane; 3) war or act of war, whether declared or not; 4) Injury sustained while On any aircraft: a) as a pilot, crew member or student pilot; b) if it is owned, operated or leased by or on behalf of the Policyholder, or any organization whose eligible persons are covered under The Policy.

Effective Date:

Coverage will become effective upon the first of the month following approval of your application and receipt of your premium check.

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 semi-annual direct bill, just include a check with your application. Make checks payable to:

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

Program Offered by:

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

Questions?
1-800-842-ICPA (4272)
www.icpasinsurance.com

Underwritten by:

Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Insurance Group, Inc. (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com.

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.

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

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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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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

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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.

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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. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

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.

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Within 30 days of receipt of your written request, we will make any of this personal information available to you or to your designated representative. You also have the right to request correction, amendment or deletion of any of this personal information. Within 30 business days of receipt of your written request, we will notify you of our correction, amendment or deletion of the information in dispute, or our refusal to make such correction, amendment or deletion after further investigation. In the event that we refuse to correct, amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information is dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.

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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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