



Protecting your income has never been easier.

Now with an online application process!



Dear NAIFA Member,

You provide insurance protection to others...why not protect yourself from serious financial loss?

Kelsey National Corporation and The Hartford Life and Accident Company¹ have recently teamed up to provide you with a valuable member-exclusive offer – the all new NAIFA Advantage Plus Disability Income Protection Plan.*

Everything you need is included in this package to help you get started...or you could simply go to www.kelsey.com/naifa to begin protecting your income right away! Applying online is an easy 3 step process:

- Step 1 – Select your plan type.
- Step 2 – Choose an elimination period.
- Step 3 – Let the Monthly Rate Calculator show you your rate instantly!

Here is a sample of benefits you can begin enjoying today:

- Competitive group rates: Thanks to your membership in NAIFA!
- Customizable plan: Create a plan that fits your specific needs:
 - ✓ Benefit periods of 2 and 5 years to age 65
 - ✓ Waiting periods of 30, 60, 90, and 180 days
 - ✓ Up to 60% of your currently monthly earnings
 - ✓ Survivor Income Benefit, included at no charge
 - ✓ Spousal coverage
 - ✓ Optional Hartford Life Insurance to protect your loved ones
- Convenient payment options: Annual, semi-annual, quarterly, monthly, or auto-pay
- Waiver of premium: After 6 months of paid benefits
- Quality service team: The Hartford and Kelsey National

We know you care about your family's well-being and security. As your partners, we want to encourage you to take the steps toward helping to protect your family that you would advise your clients to take. Don't wait another day to protect one of your most valuable assets...your income.

Sincerely,

Teri Shaw

Mark Kelsey
CA Lic#: 0630421

¹ The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

* Please read the enclosed brochure for more information (including costs, exclusions, limitations and terms of coverage) on this plan.

Underwritten By Hartford Life and Accident Insurance Company, Simsbury, CT 06089

GBD 1000A (AGP-5825)
NGI1009

Monthly Benefits

The Total Disability benefit will begin to accrue on the day after the Elimination Period ends. The Total Disability benefit will be paid in the amount elected and approved, reduced by other income benefits as described below.

Limited Monthly Benefits

If you are Totally Disabled due to mental illness, alcoholism or substance abuse, the maximum payment period will be reduced to 2 years during your lifetime, unless you are confined in a hospital or other institution.

Limited Monthly Benefits for Pre-existing Conditions

The policy will not pay an increased Benefit for any loss or period of Total Disability which: 1) begins during the first 24 months following the date you make a change in coverage that increases your benefits; and 2) is a result of a Pre-existing Condition, unless such Total Disability begins after you have been free of medical care for the condition for a 12 month period ending any time on or after your effective date of increase.

Integration

Your monthly income benefit is reduced by any benefits available from any government plans (i.e. Social Security benefits, Workers' Compensation, etc.). Then, if any benefits are available from other group disability and retirement plans, or any other income from employment, the benefit is reduced so that the total income from such sources does not exceed 70% of your Pre-Disability Earnings.

Successive Periods of Disability

Successive periods of disability will be considered one period of disability if the periods of disability are due to the same or related medical causes; and separated by less than 6 months during which You are Actively at Work.

Concurrent Disability: Benefits during any Period of Disability as the result of:

1. more than one Sickness; or
2. more than one Injury; or
3. both Sickness and Injury;

will be considered the same as if the disability resulted from only one cause.

Exclusions

No monthly benefit will be paid for disability due to: 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; and your commission or attempted commission of a felony.

Termination

Your coverage and your spouse's coverage will end on the earliest of: 1) the date the policy terminates; 2) the date the policyholder withdraws its sponsorship of, or cancels, the policy; 3) the premium due date on or next following the date you or your spouse attain the policy age limit; 4) the date you or your spouse cease to be Actively at Work, except due to disability covered by the policy; 5) the premium due date any required contribution is not made, subject to the individual grace period; or 6) with respect to your spouse's coverage, the premium due date he or she is legally separated or divorced from you.

Eligibility

All active, dues paying members of NAIFA and their spouses who:

1. Are under age 60;
2. Reside in the United States;
3. Are actively at work on a full-time basis (at least 30 hours per week); and
4. Have been working full-time for at least 30 days before his or her effective date.

When a husband and wife are both eligible members, coverage may not be duplicated by applying as dependents of each other.

Effective Date:

When You or Your Spouse give Us a satisfactory application and pay the required premium for coverage, then You or Your Spouse will become covered under The Policy on the later of:

1. The Policy Effective Date;
2. the first day of the month on or next following the date We receive the request; or
3. if evidence of insurability is required, the first day of the month on or next following the date:
 - a) we determine that You or Your Spouse are insurable;
 - b) with respect to the Guaranteed Issue Plan, the date We determine that You or Your Spouse are insurable only under such plan;

subject to the Deferred Effective Date provision. However, Your Spouse's, coverage will not become effective prior to the date Your coverage becomes effective.

Deferred Effective Date:

If on the date You or Your Spouse are to become covered:

4. under The Policy;
5. for increased benefits; or
6. for a new benefit;

and You or Your Spouse are not Actively at Work on that date, coverage will not begin until the first day of the month on or next following the date You or he or she are Actively at Work for 1 month(s).

Evidence of Insurability

A medical application with MIB authorization is required for all monthly benefit amounts and benefit periods; lab work may be required in some cases.

Actively at Work Requirement

You and your spouse, if applying, must be actively at work on the date insurance is to take effect. If you and he or she is not, insurance will not take effect until the date the member resumes such work.

Definitions

Total Disability or **Totally Disabled** means disability which:

1. During the Elimination Period and the first 24 months during which the total disability benefits are payable, wholly and continuously prevents you or your spouse from performing the essential duties of your or your spouse's occupation; and
2. After that, wholly and continuously prevents you or your spouse from engaging in any occupation.

Elimination Period means the number of consecutive days at the beginning of any one period of total disability which must elapse before benefits are payable.

Pre-existing Condition means any disability, diagnosed or undiagnosed, for which medical care is received by you: 1) within the 12 month period prior to the date your insurance starts; or 2) with respect to limitation for any increase in coverage, within the 12 month period prior to the effective date of your increase in coverage.

Pre-disability Earnings means, if You or Your Spouse are not self-employed, Your or Your Spouse's regular monthly rate of pay, includes Commissions, but not bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the last day You or Your Spouse were Actively at Work before You or Your Spouse became Disabled.

Actively at Work means you or your spouse are performing the essential duties of your occupation for wage or profit on a full-time basis (at least 30 hours per week).

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.

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CA Offset Disclaimer:

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the policy:

Insured's monthly predisability earnings	\$3,000
Long term disability benefits percentage	x 60%
Unreduced maximum benefit	\$1,800
Less Social Security disability benefit per month	-\$900
Less state disability income benefit per month	-\$300
Total amount of long term disability benefit per month	\$600

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.

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.

Disability benefits received from coverage paid for by the insured are normally TAX-FREE.
Consult your tax advisor for specific details