



Exclusively for ISMS and CMS Members...

Group Term Life Insurance Plan

HELP PROTECT YOUR FUTURE



How secure is your Future?

Some responsibilities must be taken more seriously than others. For example, take the decision to purchase life insurance. The importance of securing your family's financial future is obvious. Finding the right protection isn't always so clear-cut.

That's why The Chicago Medical Society and The Illinois State Medical Society are pleased to endorse this quality term life coverage for Illinois physicians, provided to you by Physicians' Benefits Trust. This plan is designed to specifically meet the needs of physicians and their families. It offers pure and simple protection, without cash values or other investment features, at an exceptionally low cost. Special features include discounts for non-smokers and coverage amounts over \$250,000. Plus, a new Living Benefits program which can advance life insurance proceeds before death to help pay nursing home costs or final medical expenses.

If you are an eligible member, both you and your spouse, and eligible employees, can apply. That's important. Because, as is often the case today, when there's more than one "wage-earner" or when you share family responsibilities, you need to protect all that you've worked for together.

This plan has been designed so that only members of The Illinois State Medical Society and The Chicago Medical Society are eligible to apply. It's the plan exclusively for members of our profession.

Benefits designed to help meet the needs of you and your family.

GENEROUS MAXIMUMS*

You have the freedom to apply for up to \$400,000 for yourself, up to \$200,000 for your spouse, and up to \$10,000 for each dependent child.

YOU DECIDE WHAT'S RIGHT FOR YOU

With different levels of coverage, this plan is designed to help suit your needs. You can use it to provide basic protection, or to update existing insurance.

THE RATES YOU WANT

As one of the largest providers of life insurance in the U.S., The Hartford offers you excellent coverage at competitive rates.

*See rate chart for benefit and age reduction.

WAIVER OF PREMIUM

If you become Totally Disabled for six months or more before age 60, you don't have to worry about premium payments. Your insurance will be kept in force, free of charge, while you remain disabled, up to age 70.

PROTECTION THAT LASTS

If you change jobs or residence, the coverage you have under this plan moves with you.

What do I need to know?

Q Who is eligible to apply?

A All members of the Chicago Medical Society and the Illinois State Medical Society and their spouses ages 18-64, who are U.S. residents and not in full-time service in the United States Armed Forces, are eligible to apply. Employees of members are also eligible to apply for this program.

Q Will I need a medical exam?

A To apply, simply fill out the application. Acceptance into this plan is subject to medical evidence of insurability as determined by The Hartford¹. 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.

Q Do I have to wait long for my coverage to take effect?

A No! Your insurance takes effect on the 1st of the month following the date on which your application is approved and you pay the first premium due. If you are not actively at work on that date, then your effective date will be postponed until the first day of the month following the date you are performing the full-time duties of your occupation. If you are not employed and cannot perform the customary activities of a person of like age or sex in good health on that date, then your effective date will

be postponed until the first day of the month following the date you can perform the customary activities of a person of like age or sex in good health.

Q Can my policy be cancelled because of poor health?

A No! As long as you continue to pay your premium and remain a member of the Chicago Medical Society or Illinois State Medical Society or an employee of a member and the Master Policy is in force, no medical evidence is required to renew your coverage. You'll never be singled out for cancellation. *Please see back of brochure for termination details.*
Policy age limit is 70 years of age.

Q Can I reapply for non-smoker rates if I stop smoking?

A Yes! You can reapply for non-smoking rates as long as you have not smoked cigarettes, cigars or a pipe, or used chewing tobacco, nicotine chewing gum or snuff during the prior 12 months and you meet The Hartford's evidence of insurability standards.

Q Are there any Exclusions?

A Suicide, while sane or insane (in Missouri, while sane) is excluded from coverage for two years from the effective date of each person's coverage. However, if suicide is committed during the first two years, we will refund the premiums paid up to the time of death.

More Advantages

VOLUME DISCOUNT

If you purchase a benefit of \$250,000 or more, your entire premium will be discounted by 10%.

NON-SMOKER DISCOUNT

If you qualify for non-smoker status, you will be eligible for a substantial premium discount. (See the rate table on the application form - discount amounts vary by age.)

LIVING BENEFITS

Paying for medical expenses in the event of a lingering, terminal illness can be financially devastating.

With Hartford's Living Benefits, if you are diagnosed with a terminal illness or are permanently confined to a nursing home, you can receive an advance of up to 25% of your coverage to a maximum of \$50,000 - and there are **no additional premiums** required.

Termination:

Coverage of an Insured Person and covered dependents terminates on the earliest to occur of: the date this Policy is cancelled; or the Premium Due Date on or next following the date he or she: attains this Policy Age Limit, if any, shown in the Schedule; the Premium Due Date he or she fails to pay any required premium contribution, subject to the Grace Period provision; or with respect to a Spouse of a member; the date that he or she is legally separated or divorced from the member.; with respect to an employee of a member, the date that he or she is no longer Actively-at Work for the member.

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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¹ The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company. This brochure explains the general purpose of the insurance program. 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. This program may vary and may not be available to residents of all states.

Policy Form Number SRP-1153 A (HL) (1398)

QUESTIONS? Call us toll-free: 1-800-621-0748 or visit us at: www.pbtinsurance.com

Arranged by:



PBT Insurance Office
200 East Randolph
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Endorsed by:



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