

Business Overhead Expense Insurance Plan for Members of the Beverly Hills Bar Association

Eligibility

You are eligible to apply for the Business Overhead Expense Plan if you are an Association Member under age 60, residing in the U.S. and are actively-at-work (at least 24 hours per week) at the time you apply.

Waiver of Premium

We will waive the premium which becomes due for your coverage while you are Totally Disabled during the period that begins after you have been Totally Disabled for a period of 6 months; and ends when the Total Disability Benefit is no longer payable.

Renewability

Your coverage will remain in force as long as you pay your premiums when due, remain an active Association member, you are under age 70, you remain actively at work (except due to disability covered by this policy), the Association participates and the Master policy remains in force.

If you transfer to a similar organization that sponsors a like disability policy with The Hartford¹, you are entitled to coverage under that plan. If you are actively engaged on a full-time basis in the business or profession named in the application, you may apply for a Conversion without evidence of good health within 31 days after the Policy terminates.

Quarterly Rates - 30 Day Waiting Period

The chart below indicates the quarterly rate per \$100 of Monthly Benefit, as well as Monthly Benefit examples for \$2,500, \$5,000, and \$10,000 amounts.

Attained Age	Rate per \$100	\$2,500 Example	\$5,000 Example	\$10,000 Example
Under 30	\$0.90	\$22.50	\$45.00	\$90.00
30-39	\$1.40	\$35.00	\$70.00	\$140.00
40-49	\$2.40	\$60.00	\$120.00	\$240.00
50-59	\$4.40	\$110.00	\$220.00	\$440.00
60-69	\$9.40	\$235.00	\$470.00	\$940.00

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured person and increase as you enter each new age category.

The advantage of Overhead coverage is that it allows you to maintain your office with low-cost monthly benefits without using income from your personal disability policy to cover financial obligations such as home mortgages payments and family living expenses.

30 Day Waiting Period

A 30-Day self-insurance or waiting period is required following the start of your Total Disability before benefits are payable for covered business overhead expenses.

Benefit Duration

The maximum benefit period for any one disability is twenty-four months. The Waiting Period and Maximum Payment Period apply separately to each period of Total Disability.

Covered Risks

If you become Totally Disabled as the result of an Injury or Sickness while covered under the Policy, we will pay the lesser of the benefit amount you select (minimum of \$100 but not to exceed \$10,000 in \$100 increments); the Monthly Business Office Overhead Expenses actually incurred; or the monthly average of the Insured Person's Business Overhead Expenses incurred in the six months prior to the date Total Disability begins, for each month of your Total Disability, subject to the Maximum Payment Period chosen. Total Disability means disability which during the Waiting Period during which Total Disability Benefits are payable, wholly and continuously prevents an Insured Person from performing the substantial and material duties of his or her usual occupation.

Covered Expenses

Covered Monthly Business Overhead Expense means the overhead expenses you incur in the operation of your office. Covered expenses include: rent, electricity, heat, telephone, laundry and water; depreciation, insurance for the office including professional malpractice insurance, employees' salaries and payments for group insurance and pension plans; monthly pro-rata portion of annual contributions and membership fees and dues; accountants' services; rental of business equipment (except automobiles or motor vehicles); and other such expenses necessary to operate your office including the average principal of any monthly installment loan payment for equipment relating to your occupation.

Business Overhead Expenses do not include: salary, fees, drawing account or any other remuneration paid to you, your associate or replacement; payments of principal of any debt or income taxes; salaries for family members; the cost of merchandise, materials, income tax, or other supplies; or the cost of business related implements or equipment, or leased automobile.

Effective Date of Coverage

Your coverage becomes effective the first of the month following the approval of your application form and receipt of the first premium payment. If you are to become covered under the Policy, or covered for increased benefits under the Policy, and are not actively-at-work on that date, your coverage will not begin until the first day of the month on or next following the date you are actively-at-work.

Please turn over for additional plan information ⇨

Recurrent Disabilities

Periods of disability due to the same or related medical causes and separated by less than 3 months during which you are Actively-at-Work; will be considered one Period of Disability.

Evidence of Insurability

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 tests, 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.

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 which 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 1-866-346-3642 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 • Attn. Group Benefits Department
P.O. Box 2999 • Hartford, CT 06104-2999

Exclusions and Limitations

This policy does not cover:

1. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
2. war or act of war, whether declared or not;
3. any Injury sustained while riding on, boarding or alighting from, any aircraft:
 - a) as a pilot, crew member or student pilot;
 - b) operated by any military authority (land, sea or air), unless it is a Military Transport Aircraft used for transport and operated by the United States Military Air Mobility Command (AMC) or an AMC type service of a national government recognized by the United States; or
 - c) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
4. the commission or attempted commission of a felony by you;
5. Sickness contracted or Injury sustained while on full-time active duty as a member of the Armed Forces (land, water, air) of any country or international authority.

Successive Periods of Disability: Periods of Disability due to the same or related medical causes; and separated by less than 3 months during which you are actively-at-work will be considered one Period of Disability.

Concurrent Disabilities: Benefits during any period of disability as the result of: more than one sickness; or more than one accident; or both sickness and accident will be considered the same as if the disability resulted from only one cause.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master Policy AGP-5321 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. Policy Form # SRP-1311 AB (5321)

Underwritten By:

Hartford Life and Accident Insurance Company
Hartford, CT • 06104-2999



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

Plan Administered By:

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