

Ten Year Level Term Life Insurance Plan for American Mountain Guides Association Members

Plan Features

The Hartford¹ 10 Year Level Term Life Insurance Plan is designed to meet the insurance needs of Association members who wish to provide financial stability to their loved ones after they are gone.

This coverage offers all of the following and more:

- *Level Issue Age premiums for 10 years*
- *Guaranteed coverage for 10 years*
- *Guaranteed offer of coverage at the end of 10 years: either reapply for another 10 year term or enroll for annual renewable term life.*

Benefits

Members and their spouses may apply for benefits ranging from \$50,000 to \$250,000 (in \$50,000 increments).

Eligibility

All Association members under age 65, who reside in the United States, and who can provide acceptable evidence of insurability, are eligible to apply for coverage. All spouses of members are eligible for coverage if he/she meets the above guidelines and is not legally separated or divorced from the Association member.

The policy age limit is 75.

Quarterly Non-Tobacco User Premiums

AGE	\$50,000 of Coverage		\$100,000 of Coverage		\$150,000 of Coverage		\$200,000 of Coverage		\$250,000 of Coverage	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
20-30	\$12.50	\$10.88	\$19.00	\$16.00	\$28.50	\$24.00	\$38.00	\$32.00	\$47.50	\$40.00
31	\$12.88	\$11.38	\$20.00	\$16.75	\$30.00	\$25.13	\$40.00	\$33.50	\$50.00	\$41.88
32	\$13.38	\$11.75	\$20.75	\$17.75	\$31.13	\$26.63	\$41.50	\$35.50	\$51.88	\$44.38
33	\$13.88	\$12.25	\$21.75	\$18.50	\$32.63	\$27.75	\$43.50	\$37.00	\$54.38	\$46.25
34	\$14.38	\$12.63	\$22.75	\$19.50	\$34.13	\$29.25	\$45.50	\$39.00	\$56.88	\$48.75
35	\$15.00	\$13.25	\$24.25	\$20.50	\$36.38	\$30.75	\$48.50	\$41.00	\$60.63	\$51.25
36	\$15.88	\$13.75	\$25.75	\$21.50	\$38.63	\$32.25	\$51.50	\$43.00	\$64.38	\$53.75
37	\$16.75	\$14.25	\$27.50	\$22.75	\$41.25	\$34.13	\$55.00	\$45.50	\$68.75	\$56.88
38	\$17.50	\$15.00	\$29.25	\$24.00	\$43.88	\$36.00	\$58.50	\$48.00	\$73.13	\$60.00
39	\$18.50	\$15.75	\$31.00	\$25.50	\$46.50	\$38.25	\$62.00	\$51.00	\$77.50	\$63.75
40	\$19.38	\$16.50	\$33.00	\$27.00	\$49.50	\$40.50	\$66.00	\$54.00	\$82.50	\$67.50
41	\$20.38	\$17.13	\$35.00	\$28.50	\$52.50	\$42.75	\$70.00	\$57.00	\$87.50	\$71.25
42	\$21.50	\$18.00	\$37.00	\$30.00	\$55.50	\$45.00	\$74.00	\$60.00	\$92.50	\$75.00
43	\$22.75	\$18.63	\$39.50	\$31.25	\$59.25	\$46.88	\$79.00	\$62.50	\$98.75	\$78.13
44	\$24.13	\$19.38	\$42.50	\$32.75	\$63.75	\$49.13	\$85.00	\$65.50	\$106.25	\$81.88
45	\$25.75	\$20.13	\$45.50	\$34.25	\$68.25	\$51.38	\$91.00	\$68.50	\$113.75	\$85.63
46	\$27.38	\$21.00	\$49.00	\$36.00	\$73.50	\$54.00	\$98.00	\$72.00	\$122.50	\$90.00
47	\$29.25	\$21.88	\$52.50	\$37.75	\$78.75	\$56.63	\$105.00	\$75.50	\$131.25	\$94.38
48	\$30.88	\$22.75	\$55.75	\$39.50	\$83.63	\$59.25	\$111.50	\$79.00	\$139.38	\$98.75
49	\$32.38	\$23.75	\$59.00	\$41.50	\$88.50	\$62.25	\$118.00	\$83.00	\$147.50	\$103.75
50	\$34.13	\$24.75	\$62.50	\$43.50	\$93.75	\$65.25	\$125.00	\$87.00	\$156.25	\$108.75
51	\$36.00	\$25.75	\$66.25	\$45.75	\$99.38	\$68.63	\$132.50	\$91.50	\$165.63	\$114.38
52	\$37.88	\$26.88	\$70.00	\$47.75	\$105.00	\$71.63	\$140.00	\$95.50	\$175.00	\$119.38
53	\$40.88	\$28.25	\$75.75	\$50.50	\$113.63	\$75.75	\$151.50	\$101.00	\$189.38	\$126.25
54	\$44.13	\$29.63	\$82.25	\$53.25	\$123.38	\$79.88	\$164.50	\$106.50	\$205.63	\$133.13
55	\$47.63	\$31.13	\$89.25	\$56.50	\$133.88	\$84.75	\$178.50	\$113.00	\$223.13	\$141.25
56	\$51.38	\$29.50	\$96.75	\$59.75	\$145.13	\$89.63	\$193.50	\$119.50	\$241.88	\$149.38
57	\$55.38	\$34.50	\$104.75	\$63.25	\$157.13	\$94.88	\$209.50	\$126.50	\$261.88	\$158.13
58	\$59.25	\$36.38	\$112.50	\$66.75	\$168.75	\$100.13	\$225.00	\$133.50	\$281.25	\$166.88
59	\$63.38	\$38.38	\$121.00	\$70.75	\$181.50	\$106.13	\$242.00	\$141.50	\$302.50	\$176.88
60	\$67.50	\$40.38	\$129.00	\$74.75	\$193.50	\$112.13	\$258.00	\$149.50	\$322.50	\$186.88
61	\$76.50	\$46.00	\$147.00	\$86.00	\$220.50	\$129.00	\$294.00	\$172.00	\$367.50	\$215.00
62	\$86.13	\$51.88	\$166.25	\$98.00	\$249.38	\$147.00	\$332.50	\$196.00	\$415.63	\$245.00
63	\$97.75	\$58.25	\$189.50	\$110.50	\$284.25	\$165.75	\$379.00	\$221.00	\$473.75	\$276.25
64	\$110.75	\$64.38	\$215.50	\$124.50	\$323.25	\$186.75	\$431.00	\$249.00	\$538.75	\$311.25

The rates shown reflect the current rate and benefit structure of the Preferred category for the initial 10 year term. In order to be eligible for these rates, you must be able to meet The Hartford's underwriting standards and be a Non-Tobacco User. If you do meet the Preferred underwriting standards, you may be eligible for coverage at Standard rates; or if you exceed these standards you may be eligible at Super-Preferred rates. Standard and Super-Preferred rates available upon request.

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.

Tobacco User means a Covered Person who has smoked cigarettes, cigars or used a pipe or chewing tobacco, nicotine chewing gum or snuff during the 12 months prior to the date he or she applied for coverage.

See reverse side for additional plan details and how to apply.

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Beneficiary Designation

You may name any person(s) to be the beneficiary of this insurance, and your beneficiary may be changed at any time by giving written notice to INSURANCE SPECIALISTS, INC.

30 Day Free Review

You have 30 days from your effective date of coverage to look over the program and discuss it with your family and advisors. If you are not satisfied, you may return your certificate within 30 days for a full premium refund (less any claims paid).

Coverage Effective Date

Your insurance will become effective on the first day of the month following the date that the Company approved your application and your premium is paid.

Dependents' coverage begins the date you become covered or the first day of the month following approval to add such dependent, whichever date is later, and provided the required premium is paid.

Exclusions and Limitations

Suicide, whether sane or insane, is excluded for two years from the effective date of each person's coverage (In the event of death due to suicide, we will only pay an amount equal to the premium paid for coverage to the date of death).

Incontestability

The validity of any amount of your life insurance which has been in force for 2 years during your lifetime will not be contested except for non-payment of premium contributions and provisions related to your eligibility for insurance.

Insurance After the 10 Year Term Ends

After the 10 year Level Term period expires, you have the option to renew 10 Year Level Term coverage with evidence of insurability. If you opt out of being re-medically underwritten or do not submit satisfactory evidence of insurance, you have the opportunity to enroll in Annual Renewable Term (ART) rates offered in 5 year attained age rate bands. You must be under age 65 to re-enter the 10 Year Term plan or enter the ART plan. Rates and coverage under ART group policy are not guaranteed.

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, P.O. Box 2999, Hartford, CT 06104-2999, Attn: Group Benefits Dept.

How Do I Apply?

1. Complete the enclosed application and answer all questions in full. Sign your name and date the Application. Your application is subject to approval by The Hartford. 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.
2. Mail your completed application to:
ISI ADMINISTRATIVE CENTER - SALES
P.O. Box 2327
Beaufort, SC 29901
3. Don't send any money now. You will be billed once your application is approved. When your application is approved, you'll receive your Certificate of Insurance. If you have any questions, please feel free to call INSURANCE SPECIALISTS, INC. toll-free at: 1-888-ISI-1959.

Termination

Under the 10 Year Level Term Life policy, coverage will terminate on the earliest of the following dates:

- 1) the premium due date for which premium is not paid within the 31 day grace period; or
- 2) at the end of the 10 year coverage period.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master Policy AGT-1013 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-1153 (1013)

Plan Administered By:



Administrative Center • 305 Carteret Street • Beaufort, South Carolina 29902

ISI Direct: 1-888-ISI-1959

Fax: 843-525-9992

Underwritten By:

Hartford Life and Accident Insurance Company
Simsbury, CT 06089



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