

DISABILITY LOSS OF LICENSE INSURANCE PLAN

Keeping You in the Cockpit

You can rely on our nearly 60 years of experience. We are as well known for helping pilots return to flying as we are for payments of claims. We pay the cost of all medical examinations, travel, hotel and meals required by the insurer to evaluate a disability or expedite your return to the cockpit. Our staff of FAA trained claims examiners, doctors, flight surgeon nurses, and even pilots ensures that we can help make your time out of the cockpit easier and get you back in the air sooner.

We offer Disability Loss of License and Life Insurance for pilots. These financial tools assure your family a certain level of benefits, even if you become unable to continue providing for them. Disability Loss of License has two basic formats. A Monthly Pay Loss of License program provides you with enough tax free¹ money to take care of bills and keep your life together until you recover. Lump Sum Loss of License is unique in that it provides you with one tax free¹ cash payment if a disability is going to take you permanently out of flying. Together the two will provide you with income to live on and means to reestablish your future.



Serving Pilots Since 1951

(800) 241-6103

**www.harveywatt.com
pilot@harveywatt.com**

WHY BUY Disability Insurance?

If you couldn't fly for a living, you'd suffer a loss in income - possibly for a long time. We can't make that go away but we can make it easier - financially.

There are few occupations that are as demanding as that of the professional pilot. There are even fewer that impose the stringent health requirements demanded of every pilot. **A slight medical deficiency could ground you indefinitely**, causing you to lose income and suffer severe financial hardship.

As a pilot, you are far more likely to lose your medical certificate during your working years than you are to die.

Even when you have disability benefits from your employer and/or your association, many pilots implement one or more of our coverages to help supplement their disability income.



WHY BUY from Harvey Watt?

Harvey Watt & Company pioneered the development of Group Airline Pilot Occupational Disability (known as Loss of License) Insurance in 1951. Until that time, no insurance company or employer had recognized the need that pilots had for a comprehensive insurance program. Since then, Harvey Watt & Company has continually offered disability and life insurance coverage to professional pilots throughout the United States.

Today our company continues to serve the needs of the commercial pilot. Harvey Watt & Company offers competitive rates, valuable benefits and a traditional commitment to service.

ADVICE FROM OUR AVIATION MEDICAL EXPERTS

We believe the best way to help protect your income is to keep you in the cockpit. That's why our medical department is available to policyholders - free of charge. Our goal is to provide medical advice that may help you avoid disability and the loss of your airman's medical certificate. *The FAA reported that 88% of AME's specialize in areas other than Aerospace Medicine.* All doctors and nurses at Harvey Watt & Co. are trained specifically in Aerospace Medicine and familiar with its unique requirements.

RECERTIFICATION ASSISTANCE

When pilots lose their certificate, nothing is more important than getting back on flight status as soon as possible. Our medical department assists pilots by making sure they're doing all that can be done - with the right people, in the right form and sequence - to expedite their return to flying. We know the system and we can reduce the down time.

Best of all, we're just a phone call away..
call (800) 241-6103 toll free or visit us
at www.harveywatt.com



THE AVIATION Health Association

DEDICATED TO MEETING THE NEEDS OF AVIATION PROFESSIONALS

The Aviation Health Association is a non-profit organization established for the physical and financial benefit of any employee in the aviation industry. Members receive “The Aviation Medical Bulletin”, a well-known newsletter with over 40 years in circulation, Eligible members may also obtain group insurance coverage at competitive rates under insurance policies issued through the Aviation Health Association.



PUBLISHED SINCE 1969, The Aviation Medical Bulletin, a well-known health newsletter is filled with up-to-date, helpful health and medical information drawn from many of the world’s most respected medical authorities and literature. While particularly relevant to those whose occupation is dependent upon their health, it is also read by many others to whom good health is important. In addition to receiving the Aviation Medical Bulletin, members carrying our Loss of License/Disability coverage have the full backing of our Aero-Medical Department to help keep you in the cockpit as an added value.

LUMP SUM for Permanent Disability

Great Southern Life Insurance Company (Pol. form # IMP-C)

From \$25,000 to \$250,000

Our years of experience have proven the importance of our Lump Sum payment policy. It permits a disabled pilot to reduce large financial commitments such as mortgages, business involvements, investments, real estate purchases and children's education or fund a retirement nest egg. In other words, it allows a disabled pilot to live within the reduced monthly income that invariably follows a permanent loss of flight status.

- The Lump Sum Disability plan is designed to complement your company disability and retirement program after a twelve month elimination period.
- Principal amount is paid in one TAX FREE¹ settlement if you are permanently prevented from flying for medical reasons.
- The plan provides higher coverage during your early years when you would have more trouble adjusting to a non-flying occupation.
- Coverage decreases gradually as you get older, when your company retirement program is more substantial and your financial commitments are more manageable.
- You can buy up to 2 1/2 times your current annual earnings (up to a maximum of \$250,000) in \$25,000 increments.
- Issued up through age 55.

Two PLANS to Choose From

Plan A

LEVEL LUMP SUM BENEFIT TO AGE 40

This is our original plan. Beginning at age 40, benefit decreases 5% (of original face amount) per year to age 59. Plan terminates at age 60.

Plan B

LEVEL LUMP SUM BENEFIT TO AGE 50

Beginning at age 50, benefit decreases 10% (of original face amount) per year to age 59. Plan terminates at age 60.

LUMP SUM Extended Coverage

Only \$6.00 per month

For only \$6.00 per month you can add an endorsement that will pay the disability benefit if you die during the last eleven months of the twelve month elimination period. The disability must be covered by the policy, and death must be from the same sickness or accident as the disability.

RATES Lump Sum Disability

PLAN A

Level Benefit to Age 40

WATT PLAN 25

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$8	\$25,000
30-34	\$11	\$25,000
35-39	\$14	\$25,000
40-44	\$21	
45-49	\$28	
50-59	\$21	

➤ At age 40, coverage declines \$1,250 per year to \$1,000 at age 59.

WATT PLAN 50

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$11	\$50,000
30-34	\$15	\$50,000
35-39	\$20	\$50,000
40-44	\$30	
45-49	\$40	
50-59	\$30	

➤ At age 40, coverage declines \$2,500 per year to \$1,000 at age 59.

WATT PLAN 100 - 250

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$.18 per \$1,000 of coverage	\$100,000 - \$250,000
30-34	\$.26 per \$1,000 of coverage	\$100,000 - \$250,000
35-39	\$.38 per \$1,000 of coverage	\$100,000 - \$250,000
40-44	\$.57 per \$1,000 of coverage	
45-49	\$.75 per \$1,000 of coverage	
50-59	\$.56 per \$1,000 of coverage	

➤ At age 40, coverage reduces annually by 5% of original benefit amount

Available in \$25,000 increments. Rates for age 56 and above are for renewal purposed only.

RATES Lump Sum Disability

PLAN B

Level Benefit to Age 40

WATT PLAN 25

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$8	\$25,000
30-34	\$11	\$25,000
35-39	\$14	\$25,000
40-44	\$25	➤ At age 50, coverage declines \$2,500 per year to age 59, then the plan terminates.
45-49	\$38	
50-59	\$33	

WATT PLAN 50

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$11	\$50,000
30-34	\$15	\$50,000
35-39	\$20	\$50,000
40-44	\$36	➤ At age 50, coverage declines \$5,000 per year to age 59, then the plan terminates.
45-49	\$65	
50-59	\$60	

WATT PLAN 100 - 250

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$.18 per \$1,000 of coverage	\$100,000 - \$250,000
30-34	\$.26 per \$1,000 of coverage	\$100,000 - \$250,000
35-39	\$.38 per \$1,000 of coverage	\$100,000 - \$250,000
40-44	\$.68 per \$1,000 of coverage	➤ At age 50, coverage reduces annually by 10% of original benefit amount.
45-49	\$1.27 per \$1,000 of coverage	
50-59	\$1.12 per \$1,000 of coverage	

Available in \$25,000 increments. Rates for age 56 and above are for renewal purposed only.

COMMONLY ASKED Questions

- Q. What's the difference between the Lump Sum programs and Monthly Pay?**
- a. The Lump Sum policies are payable when the doctors agree that you are permanently unable to fly. The Monthly Pay policies are designed to supplement your income on a monthly basis, while you are temporarily out of work but expecting to go back to flying when your health permits. Since the plans are designed to solve different problems, they are often purchased together.
- Q. How much coverage can I purchase?**
- a. For all Monthly Pay policies: up to two-thirds of your current monthly income. For Lump Sum policies: up to two and one half times your current annual income.
- Q. Can I increase my benefits after I am enrolled?**
- a. Yes, while you are within the issue age limits. To apply to increase your benefits, just contact Harvey Watt & Company.
- Q. Can I be singled out for a rate increase if my health changes?**
- a. No. Once you are approved and your coverage is in effect, your monthly premium cannot be changed unless it is changed for everyone under this type of policy.
- Q. When does my coverage take effect?**
- a. Each application is given prompt attention as soon as the results of your medical underwriting are available. Your coverage will become effective upon approval of your application, on the first day of the month following receipt of your first premium.
- Q. Who insures the plans?**
- a. The plans are underwritten by Great Southern Life Insurance Company, P.O. Box 410288, Kansas City, MO 64141-0288 and Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135
- Q. How do I apply?**
- a. Simply fill out a brief application and return it in our postage-paid envelope. Please be as complete as possible.

EXTENDED Long-Term Disability Plan

Symetra Life Insurance Company

- After your Disability Loss of License plan expires, this plan will pay the selected amount for **as long as you are totally disabled** (as determined by Social Security).
- This plan offers **long-term income protection** equal to 60% of your regular pay (subject to the maximum monthly benefit of \$5,000).
- Benefits are **payable** as long as your total disability continues **up to age 65**.
- You may choose any amount of coverage, regardless of underlying Air Health or Lump Sum disability benefit purchased. .
- **Your benefit** payments under this plan **will not be reduced** by other sources of income.
- This industry renowned program provides individualized **return-to-work assistance**.
- Coverage **may be purchased as a stand alone product in addition to ANY Loss of License plan**, i.e. Harvey Watt, ALPA, APA or company sponsored group.
- **Benefits are TAX FREE¹** because you pay for them with after tax personal funds.

RATES Long-Term Disability EXTENDED LTD PLAN

Age	Monthly Rate Per \$100	
When Added to Monthly Pay A		
Under 40		\$1.05
40 - 49		\$1.88
50 - and Over		\$2.71
When Added to Monthly Pay B		
Under 40		\$1.38
40 - 49		\$2.52
50 - and Over		\$4.60
When Added to Monthly Pay C or Lump Sum		
Under 40		\$1.56
40 - 49		\$2.84
50 - and Over		\$5.71

LTD EXCLUSIONS & Limitations

Symetra Life Insurance Company

What disabilities are not covered?

The plan does not cover and no benefits will be payable for any disability that:

- Is caused by your commission of, or attempt to commit an assault, battery or felony.
- Is due to war or an act of war (declared or not).
- Is caused by intentionally self-inflicted injuries.

Disabilities caused by mental or nervous disorder, alcoholism or drug addiction are covered to a lifetime maximum of 24 months, unless the covered person is continuously confined in a hospital or qualified treatment facility.

LTD PLAN Termination

Symetra Life Insurance Company Policies

Coverage under all LTD plans will terminate on the earliest of the following dates:

- The date the Group Insurance Policy terminates.
- The date the Group Insurance Policy no longer insures your class.
- The date premium payment is due but not paid by the Association.
- The last day of the period for which you make any required premium, if you fail to make any further required premium.
- The date you cease to be a member of the Aviation Health Association.
- The date you cease to be an active full-time employee in an eligible class including:
 - a) Temporary layoff
 - b) Leave of absence
 - c) A general work stoppage (including a strike or lockout)

**Call Harvey Watt & Company
For Assistance In:**

Group Life Insurance

Loss of License Insurance

Administrative Services

Pilot Wellness Services

Recertification Services

Integrated Disability Management

Aero-Medical Services



Post Office Box 20787 → Atlanta, GA 30320
800.241.6103

www.harveywatt.com

[email pilot@harveywatt.com](mailto:pilot@harveywatt.com)

Here's How to Apply

1. **Determine the plan and amount you wish to apply for.**
2. **Print and complete the entire application. Be sure to sign and date the application.**
3. **Print and complete payment authorization form**
 - **Complete, sign and date the form.**
 - **Write void across a blank check and attach it to the form.**
4. **Mail all of the above to:**
 - Harvey W. Watt & Co**
 - PO Box 20787**
 - Atlanta GA 30320**

Or fax them to (404) 761-8326

Note:

- **If additional information or underwriting is required, you will be notified by Harvey W. Watt & Co.**
- **Please call us 1-800-241-6103 if you have questions.**

ATTACH VOIDED CHECK

AUTHORIZATION FOR PREMIUM PAYMENTS

Here's how to use the Pre-Authorization Premium Payment Plan:

1. Complete and sign the Membership Premium Payment Authorization Form.
2. Write VOID across one of your blank checks.
3. Enclose the Membership Premium Payment Authorization form and the voided check, along with your completed application.

That's all there is to it. Your monthly premiums will be paid automatically, electronically. There's nothing more for you to do but to enjoy all the security of this plan.

MEMBERSHIP PREMIUM PAYMENT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS) TO HARVEY W. WATT & CO. FOR PREMIUMS DUE ON PILOT OCCUPATIONAL DISABILITY AND/OR LIFE INSURANCE

I (we) hereby authorize HARVEY W. WATT & COMPANY to initiate debt entries to my (our) Checking or Credit Union Draft account indicated below and the bank or credit union named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until HARVEY W. WATT & CO. and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Harvey W. Watt & Co. and DEPOSITORY reasonable opportunity to act on it. I (either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging my (our) account. After account has been charged, I have the right to have the amount of the erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following the issuance of the account statement or 45 days after posting, whichever occurs first.

I (we) further agree that any requirement for giving notice of premiums due shall be waived as long as the authorization agreement is in effect. The debit as shown on my (our) bank or credit union account statement will constitute a receipt for the premium, but no premium or portion thereof shall be deemed to have been paid unless and until Harvey W. Watt & Co. receives actual payment at its Home Office. The use of this premium payment shall in no way alter or amend the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

NAME(s) _____ EMPLOYMENT I.D. # _____

DATE _____ SIGNED X _____

SIGNED X _____

GREAT SOUTHERN LIFE INSURANCE COMPANY

300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288

EXCLUSIVE AGENTS

Harvey W. Watt & Company

PO Box 20787 · Hartsfield-Jackson Int'l Airport · Atlanta GA 30320 · Phone: 800-241-6103 · 404-767-7501

PART I PERSONAL INFORMATION

Plan _____

Name _____ Birth Date _____ Age _____
Last First Middle Initial

Address _____ Zip _____

Company _____ Base _____ Flight Time _____
Total to Date Last 12 Months

Date Employed _____ Date of Last Flight _____ Place of Birth _____

Employee No. _____ Pilot License No. _____ Waivers or Limitations Yes No
(if yes, give details in remarks section.)

Telephone No. _____ Social Security No. _____
 Captain Co-Pilot Pilot-Engineer Engineer only

List other businesses or occupations you are engaged in: _____

List amount of other disability coverage and company: _____

Name of your current insurance company for accident and sickness coverage and address of their claims department: _____

Name of any other airline you have been employed by: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize my company insurance provider, any licensed physician, medical practitioner, hospital, clinic or other medically related facility insurance company, the Medical Information Bureau or other organization, institution or person that has any record or knowledge of me or my health, to give the Great Southern Life Insurance Company or Harvey Watt & Co. any such information. This information may include medical care, advice, testing or treatment for alcohol or drug abuse, AIDS or the HIV infection or any mental or psychological evaluations or notes. A photographic copy of this authorization shall be as valid as the original

Date _____ Signature **X** _____

Life Endorsement (LUMP SUM COVERAGE ONLY)

Beneficiary's Name (print) _____
First Name Middle Name Last Name

Relationship to Applicant _____ Address of Beneficiary _____

If designated beneficiary does not survive insured, payment will be made in accordance with the terms of the policy.

Date _____ Signature **X** _____

APPLICATION FOR MEMBERSHIP IN THE AVIATION HEALTH ASSOCIATION

THE AVIATION HEALTH ASSOCIATION is an organization whose purpose is to promote the welfare and best interests of its members, to assemble and distribute information related to the health and safety of professionals in the airline industry, and to enhance social and economic conditions for its members through cooperative enterprises as a professional or commercial association. One of the benefits of membership is eligibility for group insurances. If you are not already a member of the Aviation Health Association, date and sign below.

I hereby make application for the membership in the Aviation Health Association. I certify I currently hold a valid FAA Medical Certificate that was not obtained by misstatement or concealment and that I am currently employed as a pilot or flight engineer as my primary occupation.

Date _____ Signature **X** _____

TO BE COMPLETED BY ALL APPLICANTS

To My Employer – Until Revoked in Writing
This will authorize you to deduct from my monthly earnings an amount designated by Harvey Watt & Co sufficient to cover the premiums for my Group Insurance Plan(s).
I further authorize my employer or credit union to provide my current address at any time in the future to Harvey Watt & Co.

Date _____ Signature **X** _____

EXPRESS APPLICATION

PILOT OCCUPATIONAL DISABILITY INSURANCE COVERAGE & LONG TERM DISABILITY COVERAGE

Current Annual Salary \$ _____

E-mail address: _____

I wish to apply for the following coverage(s):

LUMP SUM COVERAGE (Available Through Age 55 in \$25,000 Increments)

Check One

Plan: A: Level Benefit up to age 40

B: Level Benefit up to age 50

Amount: \$25,000 \$50,000 \$100,000 - \$250,000 _____ (please specify)
(You cannot exceed 2½ times your current income.)

LIFE ENDORSEMENT (For Lump Sum Only) *If yes, please indicate beneficiary in Part I of this application.

NBAA Loss of Licence Plan A – 48 Mo Benefit (Available in \$500 Increments - \$5,000 Max Benefit)
Monthly Benefit Amount: \$ _____ (please specify) - Not to exceed 2/3 annual income

NBAA Loss of License Plan B – 36 Mo Benefit (Available in \$500 Increments - \$5,000 Max Benefit)
Monthly Benefit Amount: \$ _____ (please specify) - Not to exceed 2/3 annual income

NBAA Loss of License Plan C – 24 Mo Benefit (Available in \$500 Increments - \$5,000 Max Benefit)
Monthly Benefit Amount: \$ _____ (please specify) - Not to exceed 2/3 annual income

LONG TERM DISABILITY - Monthly Benefit Amount: \$ _____ (please specify)

Maximum coverage available is the lesser of 60% of current monthly income or \$5,000 per month.
(Indicate underlying Disability Plan in which you now participate, if not applying for one of the above plans)

60 Month Benefit Plan

36 Month Benefit Plan

48 Month Benefit Plan

24 Month Benefit Plan

HWW0060801CWLOL

DO NOT WRITE IN THIS SPACE

COVERAGE: _____

CERTIFICATE NO: _____

EFFECTIVE DATE: _____

WAITING PERIOD: _____

BENEFIT: _____

ENDORSEMENT: _____

COVERAGE: _____

CERTIFICATE NO: _____

EFFECTIVE DATE: _____

WAITING PERIOD: _____

BENEFIT: _____

ENDORSEMENT: _____

REMARKS:

RETAIN FOR YOUR FILES

The purpose of underwriting is to assure that an applicant is eligible for insurance under the Aviation Health Association group policy issued by Great Southern Life Insurance Company.

SOURCES OF INFORMATION – In order to properly underwrite and administer your insurance we must collect a certain amount of necessary and helpful information.

You provide our most important information by correctly answering questions contained in your application for insurance. For the purpose of determining that there are no medical risks of which you are unaware, we utilize various medical facilities to evaluate your current health status. The medical facility findings are forwarded to Harvey W. Watt & Co., and not retained by the examining unit.

In some instances we may verify or obtain information by contacting professionals, your company, institutions or other facilities who have information regarding your medical history.

Our operations and records are subject to examination and audit by state and federal authorities.

RELEASE OF INFORMATION – The medical information obtained is handled confidentially and access is limited to Harvey W. Watt & Co., and Great Southern Life Insurance Co. We do not provide medical information to your company or other institutions, such as medical information bureaus.

ACCESS AND CORRECTION – You have a right to know what information we have about you, to gain access to it (usually through a medical professional you name in the case of medical information), and, if it is incorrect, to have it corrected. If you want more information about this, write to: Medical Director, Harvey W. Watt & Co., PO Box 20787, Atlanta GA 30320.