



**NATIONAL
BUSINESS AVIATION
ASSOCIATION, INC.**

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WASHINGTON, D.C. 20036-2527
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E-MAIL: info@nbaa.org • <http://www.nbaa.org>

Dear NBAA Member:

If you experience a sickness that prohibits you from flying for an extended period, it can be financially devastating. That's why **NBAA** has teamed up with Harvey Watt & Company to provide **Disability Loss of License** coverage for Member pilots.

Harvey Watt & Company has been providing Loss of License coverage since 1951 and continues to be the premier provider. In addition to the insurance, enrolled Member Pilots have access to Harvey Watt's toll **free Medical Assistance Hotline**. There you will receive information and advice on how to avoid potential disqualifying events and, if disabled, assistance in dealing with your doctors and the FAA to expedite a successful return to your career in the cockpit.

The NBAA Loss of License plans offer multiple options, high limits and affordable pricing. **Please review these excellent NBAA plans to determine if they belong in your insurance portfolio.** If you have any questions, call Harvey Watt & Company at 1-800-241-6103 or email them at pilot@harveywatt.com.

Good health and flying,

NBAA Membership Marketing

Why Purchase the NBAA Loss of License Insurance Plan?



The NBAA Loss of License plan is administered by Harvey Watt & Company. They've been serving pilots exclusively since 1951. In addition to the monthly benefit amount, participants will have free access to the following services:

AeroMedical Assistance

Unlimited toll-free access to the industry's foremost AeroMedical experts led by Medical Director Audie Davis MD, responsible for writing many of the FAR's as the FAA Director of the Medical Certification.

Doctors, Nurses, and AME trained medical consultants assist pilots with all degrees of issues from minor medical and medication questions to major concerns and present the case to the necessary FAA Specialty Board for review.

We partner with pilots to interface with the doctors, employer and the FAA to minimize the down time and make sure the pilots are aware of FAA timelines for documentation and reporting as each condition dictates.

Our experience shows that we return pilots to work faster than when unassisted.

Recertification Assistance

Rely on Harvey Watt's 60 years of experience. We are as well known for helping pilots return to flying as they are for payment of claims. Costs of all medical examinations, travel, hotel, and meals required by the insurer to evaluate a disability or expedite your return to the cockpit are paid by Harvey Watt & Co. They strive to recommend facilities and physicians who specialize in your particular problem and in aviation medicine. Our doctors regularly provide preventative medical advice on how to avoid disability which can reduce your time away from flying.



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, this well-known monthly 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.

AN ASSET TO EMPLOYERS, This coverage is important to the pilot's employer for a number of reasons.

- Conventional insurance wisdom says that for every dollar paid out in disability benefits for an employee, the employer incurs another one to two dollars of collateral expenses. These are costs for administration, management, temporary or permanent replacements, training issues, etc.
- Through our assistance, pilots are able to return to work faster and can avoid unnecessary delays or the dreaded "flagged" record.
- Improved Morale. An employee with a major problem can ultimately become one for the employer. When a pilot knows his income is secure, he's a better, happier employee.



Disability Loss of License Insurance



You are eligible to apply for this unique coverage if you are a Member or an employed pilot of an NBAA Member and are actively engaged in the full-time duties of a pilot.

- Disability is the inability to perform the material duties of a commercial pilot due to sickness or accidental bodily injury.
- Cash flow is critical when you're unable to work for an extended period of time.
- The NBAA plan provides exceptional benefits at affordable rates.
- The plan provides monthly payments to help keep your world intact until you get back on flight status.
- If you are unable to fly as a result of an insured sickness or injury, our insurance pays you up to 48 monthly payments from \$1,000 to \$6,000 per month, after as little as 6 months of continuous disability.
- Plans available:
 - NBAA PLAN-A-65: 6 month wait & 48 month benefit*
 - NBAA PLAN-B-65: 6 month wait & 24 month benefit*
 - NBAA PLAN-C-65: 6 month wait & 36 month benefit*
- Monthly benefits cease when the cumulative benefits reach the respective benefit termination period, you reach the limiting age of your policy, you die (or disappear), you return to active flight status, or you meet FAA medical certification requirements, whichever comes first.
- The Lump Sum payment is available when, after at least 12 months from the date of disability, the disability is determined to be permanent.
- Experience has proven the importance of the Lump Sum payment election. It permits a pilot who is permanently disabled to reduce large financial commitments such as, mortgages, business involvements, investments, real estate purchases and children's education. In other words, it allows a disabled pilot to live within the reduced monthly income that invariably follows a permanent loss of flight status.
- **Benefits are TAX FREE¹** because you pay for them with after tax personal funds.

* The number of benefit months decrease under these plans. Please see the Monthly Premium & Benefit Period charts for complete details.

¹ Harvey Watt & Co., The Aviation Health Association, Symetra Life, or Great Southern Life Insurance Co., do not give legal or tax advice. This is only our understanding of current tax laws. Since these laws are subject to interpretation and change, we recommend that you seek independent counsel regarding your tax situation.



Monthly Pay Coverage Exclusions

Complete exclusions are set forth in your policy, but are essentially those listed below. No benefit will be paid in the event of the following:

- Disappearance of the Insured.
- Death prior to the end of the disability waiting period.
- War, directly or indirectly caused or contributed to by the Insured's participation in combat operations or in close support of combat operations during war, whether declared or undeclared.
- Intentional self-injury.
- Agricultural flying.
- Alcoholism, psychiatric illness, drug addiction or medical conditions with no objective medical findings.
- Misrepresentation in the application of any material information directly related to the cause of the disability.
- Pre-existing conditions, unless condition is disclosed in the application and accepted by the insurance company.
- If any FAA medical certificate (before joining the plan) was obtained by misstatement or concealment.

Monthly Pay Plan Termination

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

- The end of the period for which premium has been paid if non-payment occurs.
- The date the Insured ceases to be employed as a pilot by his employer or takes a non-flying job.
- The date the Insured's pilot certificate or flight status is suspended or revoked for non-medical reasons.
- The date the Insured begins a voluntary leave of absence in excess of 60 days.
- The end of the calendar month immediately preceding the Insured's 65th birthday.
- The date the company completes payment of benefits under the policy.

MONTHLY Premiums & Benefits

NBAA PLAN-A

6 Month Wait / up to 48 Month Benefit

Rates per \$500 of Benefit

Age	\$500 Mthly Benefit	Benefit Period	Age	\$500 Mthly Benefit	Benefit Period
27 & Under	\$5.35	48 mo.	46	\$29.04	48 mo.
28	\$5.35	48 mo.	47	\$29.04	48 mo.
29	\$5.35	48 mo.	48	\$29.04	48 mo.
30	\$7.67	48 mo.	49	\$29.04	48 mo.
31	\$7.67	48 mo.	50	\$38.73	48 mo.
32	\$7.67	48 mo.	51	\$38.73	48 mo.
33	\$7.67	48 mo.	52	\$38.73	48 mo.
34	\$7.67	48 mo.	53	\$38.73	48 mo.
35	\$11.29	48 mo.	54	\$38.73	48 mo.
36	\$11.29	48 mo.	55	\$63.75	48 mo.
37	\$11.29	48 mo.	56	\$77.10	36 mo.
38	\$11.29	48 mo.	57	\$79.10	36 mo.
39	\$11.29	48 mo.	58	\$79.10	30 mo.
40	\$18.15	48 mo.	59	\$79.10	30 mo.
41	\$18.15	48 mo.	60	\$79.10	24 mo.
42	\$18.15	48 mo.	61	\$79.10	24 mo.
43	\$18.15	48 mo.	62	\$79.10	18 mo.
44	\$18.15	48 mo.	63	\$53.20	12 mo.
45	\$29.04	48 mo.	64	\$53.20	12 mo.

Claims made for qualified disabling events occurring on or before your 64th birthday will be honored.
All benefits cease at age 65.

Available in \$500 increments from \$500 to \$6000.



MONTHLY Premiums & Benefits (continued)

Rates per \$500 of Monthly Benefit

NBAA PLAN-B-65 6 Month Wait / up to 24 Month Benefit

NBAA PLAN-C-65 6 Month Wait / up to 36 Month Benefit

Age	\$500 Mthly Benefit	Benefit Period
29 & Under	\$3.12	24 mo.
30 - 34	\$4.48	24 mo.
35 - 39	\$6.60	24 mo.
40 - 44	\$10.58	24 mo.
45 - 49	\$16.93	24 mo.
50 - 54	\$22.66	24 mo.
55	\$28.27	24 mo.
56	\$34.85	24 mo.
57	\$41.67	24 mo.
58	\$48.47	24 mo.
59	\$55.28	24 mo.
60	\$62.09	24 mo.
61	\$62.09	24 mo.
62	\$62.09	18 mo.
63	\$41.40	12 mo.
64	\$41.40	12 mo.*
*Claims made for qualified disabling events occurring on or before your 64th birthday will be honored. All benefits cease at age 65.		

Age	\$500 Mthly Benefit	Benefit Period
29 & Under	\$3.77	36 mo.
30 - 34	\$5.41	36 mo.
35 - 39	\$7.95	36 mo.
40 - 44	\$12.77	36 mo.
45 - 49	\$20.42	36 mo.
50 - 54	\$27.27	36 mo.
55	\$30.07	36 mo.
56	\$35.41	36 mo.
57	\$40.74	36 mo.
58	\$46.08	36 mo.
59	\$51.42	36 mo.
60	\$56.75	36 mo.
61	\$62.09	24 mo.
62	\$62.09	18 mo.
63	\$41.40	12 mo.
64	\$41.40	12 mo.*
*Claims made for qualified disabling events occurring on or before your 64th birthday will be honored. All benefits cease at age 65.		

Available in \$500 increments from \$500 to \$6000.

Tax Disclaimer

¹Harvey Watt & Company, The Aviation Health Association, Symetra Life Insurance Company or Great Southern Life Insurance Company do not give legal advice. This is only our understanding of current tax laws. Since these laws are subject to interpretation and change, we recommend that you seek independent counsel regarding your tax situation.

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 Group Monthly Pay 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 NBAA PLAN-A		
Under 40		\$1.05
40 - 49		\$1.88
50 - and Over		\$2.71
When Added to NBAA PLAN-B		
Under 40		\$1.38
40 - 49		\$2.52
50 - and Over		\$4.60
When Added to NBAA PLAN-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)

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 Life Endorsement

(optional)

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	➤ At age 40, coverage declines \$1,250 per year to \$1,000 at age 59.
50-59	\$21	

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	➤ At age 40, coverage declines \$2,500 per year to \$1,000 at age 59.
50-59	\$30	

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	➤ At age 40, coverage reduces annually by 5% of original benefit amount
50-59	\$.56 per \$1,000 of coverage	

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

RATES Lump Sum Disability

PLAN B

Level Benefit to Age 50

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 purposes only.

COMMONLY ASKED Questions

Q. What's the difference between the Lump Sum programs and the NBAA Monthly Pay?

A. The Lump Sum policies are payable when the doctors agree that you are permanently unable to fly. The NBAA 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 NBAA 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.

**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. **Complete the entire application. Be sure to sign and date the application.**
2. **Complete payment authorization form**
 - **Complete, sign and date the form.**
 - **Write void across a blank check and attach it to the form.**
3. **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.**

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 NBAA MP /LS /LTD - 65

Name _____ Birth Date _____ Age _____
Last First Middle Initial

Address _____ Zip _____

Company _____ Base _____ Flight Time _____

Date Employed _____ Date of Last Flight _____ Total to Date _____ Last 12 Months _____
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 W. 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 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 W. 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 W. Watt & Co.

Date _____ Signature **X** _____

EXPRESS APPLICATION NBAA 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 PLAN-A-65 (monthly pay) – up to 48 Mo Benefit (48H1)
(Available in \$500 Increments - \$6,000 Maximum Benefit) Not to exceed 2/3 annual income.
Monthly Benefit Amount: \$ _____ (please specify)

NBAA PLAN-B-65 (monthly pay) – up to 24 Mo Benefit (24N1)
(Available in \$500 Increments - \$6,000 Maximum Benefit) Not to exceed 2/3 annual income
Monthly Benefit Amount: \$ _____ (please specify)

NBAA PLAN-C-65 (monthly pay) – up to 36 Mo Benefit (36B1)
(Available in \$500 Increments - \$6,000 Maximum Benefit) Not to exceed 2/3 annual income
Monthly Benefit Amount: \$ _____ (please specify)

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

Maximum coverage available is the lesser of 60% of current monthly income or \$6,000 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

HWW11182011NBAA

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:

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 _____

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.