

MONTHLY PAY
DISABILITY LOSS OF LICENSE INSURANCE
and
EXTENDED LONG-TERM DISABILITY PLANS
for
AAWW CREWMEMBERS
www.harveywatt.com/aaww

WHY BUY DISABILITY
INSURANCE?

There are few occupations 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.

If you couldn't fly for a living, you would probably suffer loss of income - possibly for a long time. **We can't make that problem go away, but we can make it easier on you financially.**

Administered by:



P.O. Box 20787, Atlanta, GA 30320
www.harveywatt.com
800-241-6103

Underwritten by:

Great Southern Life Insurance Co.
P.O. Box 410288, Kansas City, MO 64141-0288

AIR HEALTH Monthly Pay Disability Benefits

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

- Cash flow is critical when you're unable to work for an extended period of time.
 - Air Health provides exceptional benefits at affordable rates.
 - Air Health 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, (after the elimination period) our insurance pays you monthly payments from \$100 to \$5,000 per month for up to 48 months.
 - Disability is the inability to perform the material duties of a commercial pilot due to a sickness or accidental bodily injury.
 - You may receive up to two thirds of your lost monthly income in Air Health benefits and up to 100% from all sources. Benefits under the Air Health program may be reduced so that total benefits from all sources do not exceed 100%.
 - Monthly benefits cease when the cumulative benefits reach the respective benefit termination period, you reach age 65, you die (or disappear), you return to active flight status, or you meet FAA medical certification requirements, whichever comes first.
 - **Benefits are TAX FREE¹** if you pay for them with after tax personal funds.
 - If, after the elimination period, it is determined that your covered disability will permanently prevent you from flying, you may request to receive the commuted balance of your Air Health benefit in one lump sum payment.
 - You can increase your benefits at any time while you are within the issue age limits. To apply to increase your benefits, just contact Harvey Watt & Company.
 - Each application is given prompt attention and must go through the underwriting process. The underwriting process usually takes 4-6 weeks to complete. During that time, you will be contacted to complete a brief paramedical exam.
 - Your coverage will become effective upon approval of your application, on the first of the month following receipt of your first premium.
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MONTHLY Premiums & Benefits

AIR HEALTH

12 Month Wait / 48 Month Benefit

Rates per \$100 of Benefit

Age	\$100 Mthly Benefit	Benefit Period	Age	\$100 Mthly Benefit	Benefit Period
27 & Under	\$0.83	48 mo.	46	\$3.95	48 mo.
28	\$0.90	48 mo.	47	\$4.26	48 mo.
29	\$0.97	48 mo.	48	\$4.55	48 mo.
30	\$1.04	48 mo.	49	\$4.82	48 mo.
31	\$1.11	48 mo.	50	\$5.53	48 mo.
32	\$1.17	48 mo.	51	\$5.84	48 mo.
33	\$1.28	48 mo.	52	\$6.12	48 mo.
34	\$1.35	48 mo.	53	\$6.44	48 mo.
35	\$1.49	48 mo.	54	\$6.74	48 mo.
36	\$1.63	48 mo.	55	\$8.59	48 mo.
37	\$1.78	48 mo.	56	\$10.86	48 mo.
38	\$1.92	48 mo.	57	\$12.57	39 mo.
39	\$2.06	48 mo.	58	\$12.57	36 mo.
40	\$2.52	48 mo.	59	\$12.57	30 mo.
41	\$2.67	48 mo.	60	\$12.57	27 mo.
42	\$2.87	48 mo.	61	\$12.57	24 mo.
43	\$3.10	48 mo.	62	\$12.57	21 mo.
44	\$3.31	48 mo.	63	\$8.38	12 mo.
45	\$3.71	48 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 \$100 increments from \$100 to \$5000.

Tax Disclaimer

¹Harvey Watt & Company, The Aviation Health Association, 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.

AIR HEALTH COVERAGE Exclusions

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

Complete exclusions are set forth in your policy but are essentially those listed here. 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 the 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.

AIR HEALTH PLAN Termination

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

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

- The end of the period for which premiums have been paid if nonpayment of premium 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 of 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.

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 a 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 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 only in addition to a Harvey Watt Loss of License plan.
- **Benefits are TAX FREE¹** if you pay for them with after tax personal funds.

RATES Long-Term Disability Extended LTD Plan

When Added to Air Health-Monthly Pay	
Age	Monthly Rate Per \$100
Under 40	\$1.05
40-49	\$1.88
50 and over	\$2.71

* Sample: \$2,500 is 25 x \$.89 = \$22.25 per month.

Tax Disclaimer

¹Harvey Watt & Co., The Aviation Health Association, Great Southern Life Insurance Co. or Symetra Life Insurance 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.

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 act of war (declared or not).
- Is caused by self-inflicted injuries.

Disabilities caused by mental or nervous disorders, 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 center.

LTD PLAN Termination

Symetra Life Insurance Company

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

- The date the Group Insurance Policy terminates.
- The date the 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.

**Contact Harvey Watt & Company
For Information on:**

Life Insurance

Loss of License Insurance

Lump Sum Disability Insurance

Extended Long Term Disability



Post Office Box 20787 → Atlanta, GA 30320
800.241.6103

www.harveywatt.com

Here's How to Apply

- 1. Complete the Harvey Watt application forms (included)**
 - a. Great Southern Insurance Co. Part I – Personal Information**
 - b. Express Application**
 - c. Payment Authorization Form**
- 2. Complete, sign and date the application and accompanying forms.**
- 3. Mail to: Harvey W. Watt & Co
 PO Box 20787
 Atlanta GA 30320**

Note:

- You may fax your completed forms to our office at 404-761-8326.**
- If additional information or underwriting is required, we will contact you immediately. The underwriting process usually takes 4-6 weeks and sometimes less.**
- Please call us at 1-800-241-6103 if you have questions.**

Application for Insurance as a Member of The Aviation Health Association to
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 _____
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 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** N/A _____

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** N/A _____

AAWW - EXPRESS APPLICATION

PILOT OCCUPATIONAL DISABILITY INSURANCE COVERAGE

Current Annual Salary \$ _____

E-mail address: _____

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

AIR HEALTH DISABILITY (Monthly Pay)

48 Mo Benefit (Available in \$100 Increments - \$5,000 Maximum Benefit) Not to exceed 2/3 annual income

Monthly Benefit Amount: \$ _____ (please specify)

EXTENDED LONG-TERM DISABILITY

Maximum coverage available is the lesser of 60% of current monthly income or \$5,000 per month.

Monthly Benefit Amount: \$ _____ (please specify)

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To all AAWW Crewmembers:

If you are applying for an increase in the amount of your existing coverage, enter the total amount of coverage you wish to have in the space provided above labeled "Monthly Benefit Amount".

REMARKS:

Date: _____

Printed Name: _____

Signature: _____

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.

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 _____