



BOX 20787, ATLANTA, GA 30320

TELEPHONE (404) 767-7501 ext. 231
(800) 241-6103 ext. 231

FAX (404) 761-8326

<http://www.harveywatt.com>
pilot@harveywatt.com

MEMO

To: All Corporate Pilots

**Re: Important Information for All
Corporate Pilots**



You have unique problems that aren't usually addressed – even if you have a company sponsored disability program.

Problem 1 – If you lose your FAA Airmen Certificate, you'll likely suffer a loss of income – possibly for a long time.

Problem 2 – Loss of your FAA Airmen Certificate generally doesn't qualify you for disability benefits.

The Solution – The Disability Loss of License Plan for the Corporate Pilot from Harvey Watt & Company.

Please review the attached, route it to all of your pilots and contact us with your questions.

Harvey Watt & Co.
pilot@harveywatt.com
1-800-241-6103 ext. 231
www.harveywatt.com

**DISABILITY LOSS OF LICENSE
INSURANCE PLAN
FOR THE**
Corporate Pilot

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 219040, Dallas, TX 75221

DISABILITY LOSS OF LICENSE INSURANCE PLAN FOR THE *Corporate Pilot*

Why Purchase the Corporate Pilot Loss of License Plan?



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

Medical Assistance Program

Harvey Watt & Co's medical department staff will interface with pilots and their individual physicians to insure the right steps, treatment and medications are being prescribed. This will solve the medical problem and allow continued flying where possible.

Aviation Medical Hotline

Harvey Watt & Co. has a toll free number available to all insured-participants. If you are ill, have had an accidental injury, or simply have questions concerning your health situation, call (800) 241-6103. We will work with you and let you know how your illness or injury affects your airmans medical certificate.

Recertification Assistance

Rely on our 50 plus years of experience. We are as well known for helping pilots return to flying as we 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.. We strive to recomend facilities and physicians who specialize in your particular problem and in aviation medicine. We regularly provide preventive medical advice on how to avoid disability which can reduce your time away from flying.

DISABILITY LOSS OF LICENSE INSURANCE PLAN FOR THE *Corporate Pilot*



You are eligible to apply for this unique coverage if you are a Corporate Pilot 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 Corporate Pilot 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 \$5,000 per month, after as little as 6 months of continuous disability.
- Plans available:
 - CP LOL PLAN-1: 6 months wait & 24 month benefit
 - CP LOL PLAN-2: 6 months wait & 36 month benefit
 - CP LOL PLAN-3: 6 months wait & 48 month benefit
- Monthly benefits cease when the cumulative benefits reach the respective benefit termination period, you reach age 60, 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.
- The balance of the principle amount is paid in one **TAX FREE*** settlement if you are permanently prevented from flying for medical reasons.
- **Benefits are TAX FREE*** because you pay for them with after tax personal funds.

*Harvey Watt & Co., The Aviation Health Association, 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.

Corporate Pilot

LOSS OF LICENSE INSURANCE PLAN RATES

6 Month Wait/24 Month Benefit Issued up through Age 55 Monthly Premiums

G.S.L. Pol. Form #IMP-C

Monthly Benefit	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Up to Age 29	\$7.57	\$11.35	\$15.13	\$18.92	\$22.70	\$26.48	\$30.27	\$34.05	\$37.83
30 - 34	\$10.88	\$16.33	\$21.77	\$27.21	\$32.65	\$38.09	\$43.53	\$48.98	\$54.42
35 - 39	\$16.03	\$24.05	\$32.07	\$40.08	\$48.10	\$56.12	\$64.13	\$72.15	\$80.17
40 - 44	\$25.72	\$38.58	\$51.43	\$64.29	\$77.15	\$90.01	\$102.87	\$115.73	\$128.58
45 - 49	\$41.13	\$61.70	\$82.27	\$102.83	\$123.40	\$143.97	\$164.53	\$185.10	\$205.67
50 - 54	\$55.05	\$82.58	\$110.10	\$137.63	\$165.15	\$192.68	\$220.20	\$247.73	\$275.25
55 - 59*	\$68.70	\$103.05	\$137.40	\$171.75	\$206.10	\$240.45	\$274.67	\$309.00	\$343.33

6 Month Wait/36 Month Benefit Issued up through Age 55 Monthly Premiums

G.S.L. Pol. Form #IMP-C

Monthly Benefit	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Up to Age 29	\$9.15	\$13.73	\$18.30	\$22.88	\$27.45	\$32.03	\$36.60	\$41.18	\$45.75
30 - 34	\$13.12	\$19.68	\$26.23	\$32.79	\$39.35	\$45.91	\$52.47	\$59.03	\$65.58
35 - 39	\$19.32	\$28.98	\$38.63	\$48.29	\$57.95	\$67.61	\$77.27	\$86.93	\$96.58
40 - 44	\$31.02	\$46.53	\$62.03	\$77.54	\$93.05	\$108.56	\$124.07	\$139.58	\$155.08
45 - 49	\$49.62	\$74.43	\$99.23	\$124.04	\$148.85	\$173.66	\$198.47	\$223.28	\$248.08
50 - 54	\$66.25	\$99.38	\$132.50	\$165.63	\$198.75	\$231.88	\$265.00	\$298.13	\$331.25
55 - 59*	\$73.07	\$109.60	\$146.13	\$182.67	\$218.70	\$255.73	\$292.27	\$328.80	\$365.33

6 Month Wait/48 Month Benefit Issued up through Age 55 Monthly Premiums

G.S.L. Pol. Form #IMP-C

Monthly Benefit	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Up to Age 29	\$10.70	\$16.05	\$21.40	\$26.75	\$32.10	\$37.45	\$42.80	\$48.15	\$53.50
30 - 34	\$15.33	\$23.00	\$30.67	\$38.33	\$46.00	\$53.67	\$61.33	\$69.00	\$76.67
35 - 39	\$22.58	\$33.88	\$45.17	\$56.46	\$67.75	\$79.04	\$90.33	\$101.63	\$112.92
40 - 44	\$36.30	\$54.45	\$72.60	\$90.75	\$108.90	\$127.05	\$145.20	\$163.35	\$181.50
45 - 49	\$58.08	\$87.13	\$116.17	\$145.21	\$174.25	\$203.30	\$232.33	\$261.38	\$290.42
50 - 54	\$77.45	\$116.18	\$154.90	\$193.63	\$232.35	\$271.08	\$309.80	\$348.53	\$387.25
55 - 59*	\$77.45	\$116.18	\$154.90	\$193.63	\$232.35	\$271.08	\$309.80	\$348.53	\$387.25

*Rates for age 56 and above are for renewal purposes only.

**DISABILITY LOSS OF LICENSE
INSURANCE PLAN
FOR THE**
Corporate Pilot

Commonly Asked Questions

Q: How much coverage can I purchase?

A: Up to two thirds of your current monthly income, to a maximum of \$5,000 per month. Benefits will be reduced so that total benefits from all sources do not exceed 100% of your pre-disability income.

Q: Can I increase my benefits after I'm enrolled?

A: Yes, at any time prior to your 56th birthday. To apply to increase your benefits up to a maximum of \$5,000 just contact Harvey Watt & Company.

Q: Can my policy be canceled?

A: Your policy is guaranteed renewable to age 60 unless:

- You fail to pay the required premium.
- You are no longer employed as a pilot.
- Your airline transport pilot's license is suspended or revoked for non-medical reasons.

Q: How can I determine my premium?

A: The premiums are determined by your age and amount of coverage. Please see the premium table in this brochure.

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, individual 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 of the month following receipt of your first premium.

Q: Who insures the plans?

A: The plans are underwritten by The Great Southern Life Insurance Company, P.O. Box 219040, Dallas, Texas 75221

Q: How do I apply?

A: **Simply fill out the Express Application and return it in our postage paid envelope.**

This information is a brief summary of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in group policy number IMP-C. Additional information is contained in the Certificate of Insurance which is issued to the members who are insured under the plan.

DISABILITY LOSS OF LICENSE INSURANCE PLAN FOR THE *Corporate Pilot*

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.

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 60th birthday.
- The date the company completes payment of benefits under the policy.

EXPRESS APPLICATION

for the

Corporate Pilot

PILOT OCCUPATIONAL DISABILITY INSURANCE COVERAGE

Current Annual Salary \$ _____

I wish to apply for the following coverage or coverages:

CP-LOSS OF LICENSE PLAN 1 (48 Months)

Amount: \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$5,000

CP-LOSS OF LICENSE PLAN 2 (36 Months)

Amount: \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$5,000

CP-LOSS OF LICENSE PLAN 3 (24 Months)

Amount: \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$5,000

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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:

.....
(REMOVE AND RETAIN FOR YOUR FILES)

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 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 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., P.O. Box 20787, Atlanta, GA 30320-0787.

GREAT SOUTHERN LIFE INSURANCE COMPANY

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

EXCLUSIVE AGENTS

Harvey W. Watt & Company

P.O. Box 20787 • Hartsfield International Airport • Atlanta, Georgia 30320-0787 • 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 business or occupations you are engaged in _____

List amount of other disability coverage & company _____

Name of any other airline you have been employed by _____

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

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. 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 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 **N/A** Signature **X** **N/A**

FORM APCD - APP 1-19-99

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 that 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 **N/A** Signature **X** **N/A**

.....
(REMOVE AND RETAIN FOR YOUR FILES)

NOTICE OF INFORMATION PRACTICES

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.

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. Mail the Membership Premium Payment Authorization form and the voided check, along with your completed application to:

Harvey Watt & Co.
P.O. Box 20787
Atlanta, Georgia 30320

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 a 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 creditunion 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 _____