



## Pilot Loss of License Insurance

Dear Virgin America Pilot:

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

Harvey Watt & Company has been providing Pilot 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 Loss of License plans offer multiple options, high limits and affordable pricing. Please review these plans to determine if they belong in your insurance portfolio. If you have any questions, call Harvey Watt & Company at (800) 241-6103 or email them at [pilot@harveywatt.com](mailto:pilot@harveywatt.com).

You can also contact our Virgin America Benefits Team Representative Kevin Ng at (650) 762-7244.

Additional information and application can be downloaded at:  
<http://harveywatt.com/virginamerica>

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Weatherly", with a long horizontal stroke extending to the right.

Bob Weatherly  
SVP Flight Operations





## Why Buy Pilot Loss of License 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.

Loss of your Airmen Certificate generally does not qualify you for disability benefits under the Virgin America group disability plan provided by Hartford.

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

### Disability Benefits for Pilots Scenario

Pilot no longer disabled, but loses license

*After 4 months of receiving disability benefits from the state of California, a Virgin America pilot is no longer deemed disabled by the primary care doctor. Unfortunately, FAA does not deem the pilot fit to fly and suspends the pilot's license until further notice.*

*This pilot is no longer eligible for disability benefits from the state of California. If this pilot elected Loss of License Insurance with Harvey Watt, benefits will begin in two months (6 month waiting period). Benefits will continue until the pilot has exhausted cumulative benefit payments from Harvey Watt or reissued license to fly by the FAA.*



## Benefits Provided by Loss of License Insurance

This Loss of License plan provides monthly cash payments if a pilot is not able to perform the material duties of a commercial pilot due to sickness or accidental bodily injury.

### 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 help 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. They'll work with you and let you know how your illness or injury affects your airman's medical certificate.

### Recertification Assistance

Rely on Harvey Watt's 50 years of experience. They 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. They regularly provide preventive medical advice on how to avoid disability which can reduce your time away from flying.

Pilots that are not eligible for the insurance or elect not to purchase Pilot Loss of License Insurance can still utilize Harvey Watt's Recertification Assistance, but at own expense.



## Summary of Monthly Cash Benefit

- You are eligible to apply for this unique coverage if you are an active full time team member on the Virgin America pilot seniority list.
- 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 6 months of continuous disability.
- Disability is the inability to perform the material duties of a commercial pilot due to sickness or accidental bodily injury.
- 3 plans are available for you to choose from (all with 6 month waiting period):
  - Plan 1: 48 month benefit period
  - Plan 2: 36 month benefit period
  - Plan 3: 24 month benefit period
- Monthly benefits cease when the cumulative benefits reach the respective benefit termination period, you reach age 60, your death (or disappearance), you return to active flight status, or you meet FAA medical certification requirements, whichever comes first.
- 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 helps a disabled pilot to live within the reduced monthly income that invariably follows a permanent loss of flight status.
- Benefits are TAX FREE because you pay for them with after tax personal funds\*.

\*Harvey Watt & Co., The Aviation Health Association, Symetra Life, Great Southern Life Insurance Co. or Virgin America, 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.



## Commonly Asked Questions

Q: How much coverage can I purchase?

A: Up to 66% of your current monthly income, to a maximum of \$5,000 per month. Benefits will be reduced so that total benefits from all sources (such as Worker's Compensation, Short-Term Disability Insurance, and Long-Term Disability Insurance, if any) 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 59th 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 by Harvey Watt?

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: Will my 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 the first of the month following the approval date of your application.

Q: Who insures the plans?

A: The plans are underwritten by The Great Southern Life Insurance Company, P.O. Box 410288, Kansas City, MO 64141-0288

Q: How do I apply?

A: Simply fill out the Express Application (4 pages) and return it to Harvey Watt & Co.

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.



## 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.
- Cumulative benefits reach the maximum benefit period under the policy.

Administered by:  
Harvey Watt & Co.  
P.O. Box 20787, Atlanta, GA 30320  
[www.harveywatt.com](http://www.harveywatt.com)  
800-241-6103

Underwritten by:  
Great Southern Life Insurance Co.  
P.O. Box 219040  
Dallas, TX 75221





## Comparison of the different Disability Benefits for Pilots

	Worker's Compensation	Mandated CA Short Term Disability	Short Term Disability Hartford Non-CA	Long Term Disability - Hartford	Long Term Disability - Buy Up Hartford	Pilot Loss of License
Coverage	66 2/3%	up to 55% (based on past earnings)	60%	60%	66 2/3%	Up to 66%
Waiting period	3 days	7 days	7 days	6 months	6 months	6 months
Length of Coverage	up to 104 weeks (temporary)	52 weeks	26 weeks	until retirement age	until retirement age	Up to 48 months
Maximum benefit amount	\$916.33 / week	\$959 / week	\$2,308 / week	\$8,000 / month	\$10,000 / month	Up to 66% of salary

\*Loss of license disabilities may not be acceptable under The Hartford plans, so please check with the carrier or your certificate before proceeding



## Pilot Loss of License Rates

### 6 Month Wait / 48 Month Benefit

Issued up to Age 58

Monthly Premiums

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

### 6 Month Wait / 36 Month Benefit

Issued up to Age 58

Monthly Premiums

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 / 24 Month Benefit

Issued up to Age 58

Monthly Premiums

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	\$ 27.27	\$ 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



## Express Application for Virgin America Pilot Occupational Disability Insurance Coverage

Current Annual Salary \$ \_\_\_\_\_

I wish to apply for the following coverage:

Loss of License Plan 1 (48 Months)

Amount:     \$1,000     \$1,500     \$2,000     \$2,500     \$3,000  
                  \$3,500     \$4,000     \$4,500     \$5,000

Loss of License plan 2 (36 Months)

Amount:     \$1,000     \$1,500     \$2,000     \$2,500     \$3,000  
                  \$3,500     \$4,000     \$4,500     \$5,000

Loss of License plan 3 (24 Months)

Amount:     \$1,000     \$1,500     \$2,000     \$2,500     \$3,000  
                  \$3,500     \$4,000     \$4,500     \$5,000

### DO NOT WRITE IN THIS SPACE

COVERAGE: _____	COVERAGE: _____
CERTIFICATE NO: _____	CERTIFICATE NO: _____
EFFECTIVE DATE: _____	EFFECTIVE DATE: _____
WAITING PERIOD: _____	WAITING PERIOD: _____
BENEFIT: _____	BENEFIT: _____
ENDORSEMENT: _____	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.





Application For Insurance As a Member of The Aviation Health Association To  
**GREAT SOUTHERN LIFE INSURANCE COMPANY**  
 300 W. 11th Street / PO 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  First Officer

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: Hartford Benefit Management Services, PO Box 13829 Sacramento CA 95853, (800) 289-9140

**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)  
 \_\_\_\_\_ *N/A - Does not apply* \_\_\_\_\_

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 \_\_\_\_\_ Signature X \_\_\_\_\_ *N/A* \_\_\_\_\_

FORM APCD - APP 03-17-2009

### 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 Complete 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

I further authorize my employer to provide my current address at any time in the future to Harvey Watt & Co.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

Completed applications (4 pages) can be faxed or emailed to Harvey Watt at:  
 Fax - (404)761-8326  
 Email - gskipper@harveywatt.com





**PART II of an application for Insurance to the Harvey Watt and Company**

PROPOSED

Date of

INSURED:

Birth

Male  Female

Last Name First Name Middle Initial Month Day Year

**STATEMENT OF HEALTH**

MEDICAL HISTORY (Answer Yes or No. If Yes, give dates and details in remarks space below)

**Misstatement or omission of treatment or therapy given can be cause for automatic rejection of this application.**

- 1. Have you been told by a medical practioner you had Acquired Immune Deficiency Syndrome (AIDS) or any Immunological Disorder?
2. Has anyone in your family (brothers, sisters, parents, grandparents) ever had high blood pressure, heart trouble, diabetes or any hereditary or genetic disease?
3. Have you ever been denied a job, denied military service or been discharged for medical reasons?
4. Have you ever experienced symptoms for which diagnostic evaluation was recommended, but not carried out or failed to identify the cause of symptoms?
5. Have you ever been hospitalized or received outpatient treatment?
6. Have you ever had an EKG, treadmill, heart scan or angiogram interpreted as abnormal or temporarily varied from normal?
7. Do any of your blood relatives, e.g., father, mother, brothers, sisters, suffer from migraine headaches or other vascular-type headaches?
8. Height (without shoes) \_\_\_\_\_ Weight (without shoes and jacket)\_\_\_\_\_
9. Name of your current insurance company for accident and sickness coverage and address of their claims department: Hartford Benefit Management Services, PO Box 13829 Sacramento CA 95853, (800) 289-9140

Have you ever been treated for, told by a medical practitioner, or had reason to suspect that you have had any of the following? (If yes, explain in remarks section below)

- 10. Alcoholism or excessive drinking problem
11. Asthma, allergies, bronchitis or emphysema
12. Lung Trouble, shortness of breath or tuberculosis
13. Diabetes, high or low blood sugar or sugar in urine
14. Epilepsy, fits, seizures or convulsions
15. Ear trouble, hearing difficulty or ringing in the ears
16. Eye trouble
17. Heart trouble, irregularity or chest pain
18. High blood pressure on any examination
19. Kidney - pus, infection, stones or blood in the urine
20. Loss of consciousness or dizzy spells
21. Tumor or malignancy
22. Rheumatism, arthritis or gout
23. Reproductory organs or prostate trouble
24. Migraine or reoccurring headaches
25. Back, neck, spine or joint injury, disease or symptoms
26. Mental, nervous disorder or depression
27. Accidental injury; if yes, describe in remarks section
28. Bone or joint injury or disease
29. Stomach, intestine, gallbladder, colitis or jaundice trouble
30. Any physical symptoms or defects now; if yes, describe in remarks section
32. Have you ever suffered from any symptoms, disease, injury or received medical or surgical treatment or diagnostic evaluation for any condition not listed above?

Name and address of any physician including FAA examiners, therapists, chiropractors or other members of the healing arts you have consulted, received advice or treatment from in the past 10 years:

Remarks:

I hereby represent to the Company that I am a member of the Aviation Health Association or have applied for membership and my answers to the questions above are true and correct, that they shall form a part of my pending application for insurance and that if my application is accepted they shall constitute the basis of my contract with the Company and shall be a part of any such contract. I further represent that I am currently on active flight status and that to my knowledge I now suffer from no ailment, disease or disability whatsoever (other than those declared above) and that I am not now under the care of a physician and I am taking no medicine or drugs for any ailment, disease or disability except as described above; and that I have no knowledge of any disease or infirmity that may cause me to submit a claim in the future under this Pilot Occupational Disability Policy. I understand that my insurance will not become effective until I am notified that my application for coverage is approved and premium payment for the first month coverage is received by Harvey W. Watt & Co. I further understand and agree that my coverage will become effective only if I am medically available for flight duty on the effective date and only if there has been no change in my health since the submission of this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

