

GUARANTEED ISSUE OFFER

**AVAILABLE TO ACTIVE
REPUBLIC AIRWAYS PILOTS
THROUGH OUR
GROUP TERM LIFE INSURANCE PROGRAM**

(New Insurance Plan underwritten by
ReliaStar Life Insurance Company, a member of the ING family of
companies; policy form LP08GP.)



\$50,000 Guaranteed Issue Offer – Under age 40
\$25,000 Guaranteed Issue Offer – Ages 40-59

Limited Time Offer!

No Health Questions!

Affordable Rates!

To qualify you must:

- Be under age 59
- Be actively at work, or capable of performing the duties of a person of like age and gender
- Respond to this offer by **01/31/2010** because the offer expires after then!

* Rates guaranteed for first two years of coverage and thereafter subject to change. Rates displayed are for non-tobacco users. Contact Harvey Watt & Co. for tobacco user rates.

What will this cost me?

<u>Age</u>	<u>Monthly Premium</u>	<u>Benefit Amount</u>
Under 30	\$ 1.40	\$50,000
30 – 34	\$ 1.65	\$50,000
35 – 39	\$ 2.10	\$50,000
40 – 44	\$ 1.65	\$25,000
45 – 49	\$ 2.33	\$25,000
50 - 54	\$ 4.18	\$25,000
55 - 59	\$ 6.50	\$25,000

What you should know:

- Coverage effective the 1st of the month following receipt of the form below. Send no money now; your current billed premium amount will be automatically drafted from your checking account for the monthly premium due.
- Your coverage will remain in force until the earlier of the following; you fail to make a premium payment when due, the group master policy is terminated, you reach age 70. (Upon attainment of age 65, your benefit will reduce by 50%.)
- **If you are interested in applying for a larger benefit amount, or if your spouse wants to apply, please contact Harvey Watt & Co at 800-241-6103 to request an application. Proof of good health satisfactory to the insurer will be required.**

This offer will expire on **01/31/2010**.

Contact Us:
Harvey Watt & Company
Office: 800.241.6103 | Fax: 404.761.8326
pilot@harveywatt.com

Group Term Life Insurance

from Harvey Watt & Co.



Since 1951

for active pilots of
Republic Airways Holdings, Inc.

Dear Pilot,

We are pleased to provide you with the opportunity to enroll in the Republic Airways Pilots-Harvey Watt & Co. Group Term Life Insurance Program. In the past, many pilots have expressed a need to add to their life insurance program through a quality association group plan. Perhaps, you should take a few moments to consider this important benefit.

Some of the reasons why you should consider enrolling are outlined in the enclosed brochure. They include a high limit of coverage at very competitive rates, availability of coverage for your spouse and children and a special conversion option.

Many financial planners suggest that Term Life Insurance is a most economical way to maintain an up-to-date insurance program. The enclosed brochure contains detailed information about this group program. Please take a few moments to read through it and if you have any questions, give us a call at: (800) 241-6103. Why not take advantage of this benefit by applying today and providing your loved ones with the protection they deserve. To apply, complete the enclosed application and return it to Harvey Watt & Company.

Sincerely,

Pat Hiebel, CLU ChFC
President

Protect Your Family's Future With Affordable Group Life Insurance

Underwritten by ReliaStar Life Insurance Company for FAA Licensed Pilots who are active pilots of Republic Airways Holdings.

Save Three Ways With ReliaStar

As an active FAA Licensed Pilot of Republic Airways Holdings, you have the opportunity to enroll in a special group term life program and realize savings in three important ways:

1. Term insurance offers the most protection at an economical cost.
2. You get ReliaStar's economical group rates as an active FAA Licensed Pilot of Republic Airways
3. You can get the similarly economical rates on coverage for your spouse and children.

Why Do I Need Life Insurance?

If you have anyone who depends on your income, you need life insurance. It can take care of your dependents' financial need even if you're not around. Your family can use the benefits to help:

- provide a continuous source of income;
- assure your children's higher education;
- pay off the mortgage on your house;
- settle any other outstanding debts;
- pay for final expenses.

These days, when so many families depend on two incomes to make ends meet, the need for insurance on both wage earners is more important than ever. And even if one spouse is a homemaker, replacing child and home care services takes money as well.

What If I Already Have Some Life Insurance?

Then you understand how important this kind of protection really is. But you may want to take another look at how much coverage you have. Your needs may have changed since you first bought that policy. For example, your income, personal debt or family size may have increased.

Experts say that you should have at least seven to ten times your annual income in life insurance. If you need to supplement the insurance you already have, this plan offers an affordable and convenient way to do so.

Your Association Program Is The Answer

Knowing the importance of life insurance, your association has sponsored this special program through ReliaStar Life Insurance Company.

Your Plan of Benefits

As an FAA Licensed Pilot under age 65 who resides in the United States, you can apply for up to \$500,000 of coverage on yourself and coverage for your dependent children from 15 days to 19 years of age (23 if a full-time student). Your spouse under age 65 can also apply for up to \$500,000 of coverage, even if you are not participating in the plan.

If both you and your spouse are eligible members, only one member may request coverage for your eligible children.

Life Benefits And Rates

Benefits are paid for death occurring at any time, any place, from any cause, except suicide in the first two years of coverage.

The monthly cost for you and your spouse varies by age. The monthly cost will increase as your or your spouse reach the next age bracket. The monthly premium rates are outlined below.

Attained Age	Monthly Rate per \$1,000 of Coverage			
	Pilot		Spouse	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
Under 30	\$.056	\$.028	\$.056	\$.037
30 - 34	.056	.033	.056	.037
35 - 39	.074	.042	.074	.047
40 - 44	.121	.066	.121	.074
45 - 49	.205	.093	.205	.112
50 - 54	.335	.167	.335	.205
55 - 59	.521	.260	.521	.260
60 - 64	.632	.353	.632	.353
65 - 69	1.702	.949	1.702	.945

* Applies to active members only.

Monthly Premium for \$10,000 of Coverage for Dependent Children \$2.00 per Family

Dependent children are eligible if they are between the ages of 15 days and 25 years. However, children must be attending an accredited college or university on a full-time basis from age 21 to 25, and be wholly dependent on the employee for support in order to remain eligible for this coverage.

Example for Non-Tobacco Users: You are 42 and select \$250,000 of life insurance. Your spouse is 38 and selects \$150,000 of life insurance. You insure your three children for \$10,000. Your monthly premium is \$25.55.

Employee	=	250	x	.066	=	16.50
Spouse	=	150	x	.047	=	7.05
Children	=			2.00	=	2.00
TOTAL	=					25.55

Rates are guaranteed for first year of coverage.

*On the premium due date after you or your spouse reaches age 65, the amount of insurance will be reduced to the lesser of 50% of the Benefit or to a maximum Benefit of \$50,000. Coverage terminates at age 70.

The Republic Airways Pilots-Harvey Watt & Co. Group Term Life Plan Includes More Special Features:

- No Cancellation for ill health - once your coverage takes effect, you cannot be canceled due to a change in your health.
- Conversion Privilege - If coverage is terminated, conversion to an individual whole life policy is allowed, without proof of good health.
- 30 Day Free Look - you have 30 days to look over your plan of insurance and discuss it with your family and advisors. If for any reason you're not satisfied, you may return your certificate within 30 days of receipt for a full refund.

Term Of Coverage

Your coverage will go into effect on the first day of the month following approval of your application, provided you pay the required premium.

If you choose to cover your dependents, their insurance will begin on the date you become covered, or the first of the month following approval of your application to cover a dependent, whichever is later, provided the required premium is paid.

If you or your spouse are not actively at work when coverage would normally take effect, the effective date will be deferred until the first of the month after you or your spouse have worked full-time for 90 consecutive days.

If you or your spouse are unemployed and unable to carry out the normal and customary activities of a healthy person of the same age and sex, coverage will be deferred until the first of the month following your being able to carry out those activities for 90 consecutive days.

Any effective date of coverage is subject to the applicant's health remaining unchanged from the date of application.

Coverage for you or your insured spouse will remain in force unless:

- your premiums are not paid;
- you reach age 70;
- the master policy is canceled.

Your dependents coverage remains in force as long as your coverage remains in effect, premiums are paid when due and they remain eligible dependents.

Exclusion

Suicide is excluded from coverage for two years from the effective date of each person's coverage. However, if suicide is committed during the first two years, we will refund the premiums paid to the date of the death.

Here's How To Apply

1. Complete the enclosed application, answering all questions fully. Be sure that you and your spouse, if applying, each complete, date and sign a separate application.
2. Mail or fax the completed application and payment authorization form along with a voided check- **today !**

Coverage cannot become effective until ReliaStar Life Insurance Company grants its underwriting approval. You do not receive temporary or conditional insurance coverage just because you submit an application and pay the first premium. If you do not qualify for coverage, your payment will be refunded.

If you have any questions regarding the plan, application or claims, contact the plan administrator.

Administered by:

Harvey Watt & Company
P.O. Box 20787
Hartsfield-Jackson International Airport
Atlanta, GA 30320-0787
(800) 241-6103 or (404) 767-7501

Underwritten by:

ReliaStar Life Insurance Company (a member of the ING family of companies) Minneapolis, MN

This program is not available in all states or any foreign countries. Coverage may vary in some states. Please contact the plan administrator for details.

This brochure is a summary of benefits only and is subject to the terms, conditions and limitations of Group Policy No. 65009-9 (Policy form LP00GP).

Republic Airways Pilots-Harvey Watt & CO. Association Group Term Life Plan



Since 1951

Administered by:

Harvey W. Watt & Co.
AHA GROUP INSURANCE PLANS
PO Box 20787, Atlanta Airport
Atlanta, Georgia 30320
Call Toll Free: (800) 241-6103
www.harveywatt.com

Underwritten by:

ReliaStar Life Insurance Company
(a member of the ING family of companies)

This information is a brief description of benefits only and is subject to the terms, conditions and limitations set forth in Group Policy number 65009-9 (Policy form LP00GP). The Group Policy is subject to the laws and jurisdiction in which it is issued. Additional information is contained in the Certificate of Insurance which is issued to the persons who become insured under the plan.

The availability of this offer may change and coverage may not be available in all states. Please keep this material as a reference for filing with your Certificate of Coverage.

Here's How to Apply

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

Or fax them to (404) 761-8326

Note:

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



Guaranteed Issue Republic Airways Pilots-Harvey Watt & Co. Group Term Life Insurance Enrollment Form for Active Pilots

Complete this form to enroll in the Republic Airways Pilots-Harvey Watt & Co. Group Term Life Insurance program.

Deadline for this Guaranteed Issue offer is 01/31/2010. Please print clearly in dark ink and mail or fax to Harvey Watt & Company, PO Box 20787, Atlanta, GA 30320-0787. Phone: 800-241-6103 or 404-767-7501; Fax: 404-761-8326.

Tell Us About Yourself

Are you an active pilot with Republic Airways? Yes No

Your Name (<i>last, first, middle initial</i>)		Group Policy Number 65009-9	
Date of Birth (<i>month, day, year</i>)	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address	
Address		Social Security Number	
City		State	ZIP
Daytime Telephone		Occupation	

- Indicate the amount of Life Insurance applied for:
 - \$ 50,000 (if under age 40)
 - \$ 25,000 (if age 40 thru 59)

- Are you currently working at least 30 hours per week at your regular occupation and place of business?
 - Yes No

Name Your Beneficiary

List one or more beneficiaries below. List the percent each will receive. The total must equal 100 percent. Beneficiary for dependent spouse and child coverage will be the member.

Name	Address	Relationship	Percent

Read this information carefully, then sign and date below:

- ◆ To the best of my knowledge and belief, the information I've provided is complete and correct.
- ◆ I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life Insurance Company. Insurance requiring premium payment by the insured will become effective upon approval by ReliaStar Life Insurance Company and the first premium is paid in my lifetime.
- ◆ I understand my coverage begins on the first day of the month after approval by ReliaStar Life Insurance Company.

Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

Your signature	Date
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Underwritten by: ReliaStar Life Insurance Company

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 _____