

Dear Fellow SAPA Pilots:

According to the Council for Disability Awareness, “more than 1 in 4 of today’s 20 year-olds will become disabled before they retire.” US Airlines experience shows 1 in 20 pilots are grounded by the FAA every year. FAA oversight, safety concern, and a two month backlog of Medical Certification cases may increase the time a pilot is out of work without pay.

During illness or injury, we want you to be able to focus on recuperation, not how to pay your bills. A healthy sick bank and Long Term Disability coverage can help, but Loss of Medical Insurance can be a lifesaver. Your SAPA representatives and pilot leadership are making a concerted effort to bring Loss Of Medical (LOM) benefits to SkyWest in partnership with Harvey Watt & Co who works with virtually every major pilot group.

This plan has our FULL endorsement and has met or exceeded all comparisons with other airlines.

Key Points:

- * SkyWest Long Term Disability pays a taxed LOM benefit of 60% of your base earnings up to \$5,000 a month for only 24 months. Many pilots report that this is insufficient and ends too soon.
- * New SAPA Loss of Medical License coverage can protect pilots and their families all the way to retirement age. Research from other airlines and associations shows overwhelmingly positive feedback on coverage through Harvey Watt.
- * Insured pilots receive FAA Medical Certification Advocacy at no cost. Doctors and nurses provide you confidential representation and advice.

Questions? Contact Harvey Watt & Co. directly at 1-800-241-6103.
Enrollment & Policy questions: Call (800) 241-6103

Russ Jacobs
SAPA President

Plan Features:

FAA Loss of Medical License coverage

Pays 67% of earnings up to \$10,000/month tax free

Benefits begin after 6 months and continue to age 65

Benefits and premiums are based on the earnings that you report on your application - not less than \$25,500 or greater than your 3 highest months averaged. You can change your earnings by contacting Harvey Watt.

Policy holders receive unlimited FAA Medical Certificate representation and confidential consultation. Call our doctors and nurses, led by the Former US Federal Air Surgeon, for simple medication questions or major medical issues requiring doctor representation to the FAA.

HOW TO ENROLL:

Submit this paper application via fax, mail, or email:

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

Email: pilot@harveywatt.com
FAX: (404) 761-8326

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. Submit online or enclose the Membership Premium Payment Authorization form along with your completed application, in the postage paid envelope provided and mail it to Harvey Watt & Company.

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.

Check here if you prefer Annual Billing. (Monthly premium x 12)
Annual invoices are mailed to the address on file.

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 & CO. to initiate debit 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.

BANK NAME _____

ROUTING 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 (or either of us) have 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, provide 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 _____ EMPLOYMENT ID# _____

PLEASE PRINT

DATE _____ SIGNED X _____

SIGNED X _____



Symetra Life Insurance Company
777 108th Ave NE, Suite 1200| Bellevue, WA 98004

Return Applications to: Harvey Watt & Company
PO Box 20787| Atlanta, GA 30320 | Phone 1-800-241-6103 | Fax 1-404-761-8326
pilot@harveywatt.com



SUMMARY OF GROUP LONG TERM DISABILITY INCOME INSURANCE

For the Pilots of **SkyWest Airlines**

For coverage effective February 1, 2017.
The information in this summary may be replaced by any subsequently issued summary or policy amendment.

GROUP VOLUNTARY LONG TERM DISABILITY INCOME INSURANCE

Long Term Disability

Disability income insurance can provide a portion of the income you would lose if you became disabled and could not work. This would help to pay your everyday living expenses and it may assist you in maintaining the standard of living you and your family now enjoy.

Eligibility

All Active Pilots of SkyWest Airlines Working 58:36 hours per bid period

Benefits

If you become disabled benefits begin after 180 days of total or partial disability. Symetra Life Insurance Company will pay your benefit to you while you are disabled under the terms of the policy. The long term disability income monthly benefit will be 67% of your salary to a maximum of \$10,000 per month. The minimum monthly benefit is \$100. The maximum payment duration is to Age 65 if you are initially disabled prior to age 60. If you are initially disabled on or after age 60, your benefit will last in accordance to the duration schedule on the following page. Pre-existing Conditions Limitation: 12/24.

Definition of Disability

Due to sickness or injury the insured is considered disabled if unable to perform with reasonable continuity the material and substantial duties of your regular occupation or you are deemed by the Federal Aviation Administration (FAA) to be mentally or physically unfit to fly as a commercial pilot and, as a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

Standard Provisions

- Maternity is covered as any other condition.
- Accumulation of the elimination period
- Six month recurrent disability/temporary recovery. Certain restrictions apply.
- Waiver of Premium
- Cost of Living Freeze
- Workplace Modification
- Vocational Rehabilitation
- Social Security Assistance

Symetra[®] is a registered service mark of Symetra Life Insurance Company.

[AVIATION HEALTH ASSOCIATION]

Rates for Voluntary LTD

Rates are per \$100 of monthly covered payroll

Employee Age	Rates
Under 30	\$1.75
30 to 39	\$1.85
40 to 49	\$1.97
50 and over	\$2.10

How to Calculate Your Cost

Employee: _____ /100= \$ _____
$$\frac{\text{(rate)}}{\text{(rate)}} \times \frac{\text{(your basic monthly gross earnings to a maximum of \$14,925.37)}}{\text{(your basic monthly gross earnings to a maximum of \$14,925.37)}} = \frac{\text{Monthly Voluntary Long Term Disability cost}}{\text{Monthly Voluntary Long Term Disability cost}}$$

Maximum Payment Duration

<u>Age When Disability Begins</u>	<u>Maximum Duration</u>
Less than Age 60	To Age 65, but not less than 5 years
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

This summary is based on proposal information only. It provides only a brief description Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please call 1-800-426-7784 or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-016062-05. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company



Symetra Life Insurance Company

777 108th Avenue NE | Suite 1200 | Bellevue, WA 98004-5135

Return Applications to: Harvey Watt & Company

PO Box 20787 | Atlanta, GA 30320 | Phone 1-800-241-6103 | Fax 1-404-761-8326

GROUP LONG TERM DISABILITY INCOME INSURANCE ENROLLMENT

Policy Number <u>01-016062-05</u>			
Employer/Policyholder Name <u>SkyWest Airlines</u>			
Base	City	State	Zip Code
Employee Occupation/Job Title		Employee Date of Hire	
Effective Date of Coverage		<input type="checkbox"/> Full Time Employee	
\$ _____ / Annual Gross Earnings Covered Earnings			

I. PILOT EMPLOYEE/ENROLLEE INFORMATION

Name		Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Street Address	City	State	Zip Code	
Primary Telephone Number	Date of Birth	Email		

II. BENEFITS Please check if you wish to enroll or decline coverage.

Voluntary Long-Term Disability Income Insurance

III. SELECTION/WAIVER OF GROUP INSURANCE (Only check one box below, and sign.)

I, the undersigned, elect this insurance coverage for which I am eligible under the terms of the group policy or policies issued to the policyholder by Symetra Life Insurance Company.

I, the undersigned, hereby waive my right at this time to elect this insurance coverage. I understand that if I do not enroll within 31 days of the date I am first eligible, that I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability (proof of good health) to Symetra Life Insurance Company for approval. I also understand that Symetra Life Insurance Company will have the right to refuse my request for insurance.

All information submitted by me on this form to the best of my knowledge and belief is true and complete.

Enrollee/Employee Signature

Date Signed

Group Benefits are insured by Symetra Life Insurance Company.