

SERVING PILOTS SINCE 1951



## SHORT AND LONG TERM LOSS OF MEDICAL COVERAGE

*Including FAA Medical Certification  
Advisory Services*

We consider the Loss of Medical (LOM) insurance essential. The Republic disability insurance is designed to work very well for those in an office setting but not for our pilots.

Harvey Watt's Disability coverages consider your ability to work as a pilot and your FAA Certification. The Short Term Disability coverage will pay 60% of your covered earnings to a maximum of \$1500 a week tax-free starting day 1 after an injury or day 8 after a sickness. The Long Term Disability coverage will pay 60% of your covered earnings up to \$7,500 a month tax-free after a 6 month waiting period for up to 4 years based on a loss of license definition of disability.

### Included plan features:

- Loss of Medical License Coverage
- Tax Free Benefits
- Selectable coverage levels
- FAA Medical Advocacy: Confidential representation by doctors including former US Federal Air Surgeons to represent you to the FAA Medical Division

*For information and rates on the Local 357 life plan for only pilots/spouses visit  
[harveywatt.com](http://harveywatt.com) click Republic Airways*

HARVEY W. WATT & CO.

 P.O. Box 82876, Atlanta, GA 30354



[www.harveywatt.com](http://www.harveywatt.com)



(800) 241-6103



Symetra Life Insurance Company  
777 108<sup>th</sup> 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

## SUMMARY OF GROUP SHORT AND LONG TERM DISABILITY INCOME INSURANCE

For the Employees of  
**Republic | Aviation Health Association**

For coverage effective January 1, 2024. The information in this summary may be replaced by any subsequently issued summary or policy amendment.

### GROUP VOLUNTARY SHORT TERM DISABILITY INCOME INSURANCE

**Eligibility** All Republic Teamsters Local 357 Pilots Considered a Full-Time Employee and receiving 72 credit hours per month as a member of the Aviation Health Association.

#### Definition of Disability

Due to sickness or injury the insured is considered disabled during and following the elimination period, 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 while you are covered under the policy and, as a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

#### Benefits

If you become disabled due to a sickness or injury and have short term disability income coverage, benefits commence on **Day 1** as a result of an injury and **Day 8** as a result of a sickness. Symetra Life Insurance Company will pay your benefit to you while you are disabled under the terms of the policy. The short-term disability income weekly benefit will be 60% of your reported earnings to a maximum of \$1,500 per week. The minimum weekly benefit is \$25.00. The maximum payment duration is 26 weeks. Pre-existing Conditions Limitation: 3/12

#### Standard Provisions

- Direct Integration with Salary Continuation, Worker's Compensation & Any Other Group Insurance Program
- Maternity is covered as any other condition.
- 14-day recurrent disability/temporary recovery.
- Cost of Living Freeze.

#### Rates

Rates per \$10 of covered benefit:

Employee Age	Rates
Under 40	\$1.020
40-49	\$1.360
50-59	\$2.360
60 and over	\$4.120

#### How to Calculate Your Cost

Employee: \_\_\_\_\_ /10 = \$ \_\_\_\_\_  
 Rate x (your basic weekly reported earnings x .60 to a maximum of \$1,500) Monthly Short Term Disability cost

Symetra<sup>®</sup> is a registered service mark of Symetra Life Insurance Company.

[TRUSTEES OF THE AVIATION HEALTH ASSOCIATION]

## GROUP VOLUNTARY LONG TERM DISABILITY INCOME INSURANCE

### Eligibility

All Republic Teamsters Local 357 Pilots Considered a Full-Time Employee and receiving 72 credit hours per month as a member of the Aviation Health Association.

### Definition of Disability

During the Elimination Period and the first 48 months of disability benefits, the insured is considered disabled if he/she is unable to perform with reasonable continuity the material and substantial duties of his/her 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 he or she is able to earn is less than or equal to 80% of pre-disability earnings.

### Benefits

If you become disabled due to a sickness or injury and have short term disability income coverage, benefits being after the greater of 180 days or the end of Salary Continuation and Short-Term Disability Income benefits. 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 60% of your reported earnings. The minimum monthly benefit is the greater of \$100 or 10% of your gross disability payment, to a maximum of \$7,500 per month. The maximum payment duration is 4 years/Reducing Benefit Duration Schedule.

Mental Illness/Substance Abuse limitation is 24 months lifetime. Pre-existing Conditions Limitation: 12/24.

### Standard Provisions

- Maternity is covered as any other condition.
- Accumulation of the elimination period
- Waiver of Premium
- 6-month recurrent disability/temporary recovery
- Workplace Modification
- Social Security Advocacy
- Cost of Living Freeze

### Rates

Rates per \$100 of covered benefit:

Employee Age	Rates	Employee Age	Rates
Under 25	\$0.61	45-49	\$3.85
25-29	\$0.61	50-54	\$5.55
30-34	\$1.35	55-59	\$8.26
35-39	\$2.01	60-64	\$9.30
40-44	\$2.80	65 and over	\$9.30

### How to Calculate Your Cost

$$\begin{array}{l}
 \text{Employee: } \frac{\text{Annual Salary}}{12} = \frac{\text{Monthly Earnings}}{\text{(if this number is greater than \$12,500, use \$12,500)}} \\
 \\
 \frac{\text{Monthly Earnings}}{100} = \frac{\text{Units}}{\text{Rate}} \\
 \\
 \frac{\text{Units}}{\text{Units}} \times \$ \frac{\text{Rate}}{\text{Rate}} = \$ \frac{\text{Cost per Month}}{\text{Cost per Month}}
 \end{array}$$

This summary provides only a brief description of 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 01-016062-03. 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**

## Here's How to Apply

1. **Print and complete the application in its entirety and sign and date the application.**
2. **Submit a photocopy of your most recent FAA 1<sup>st</sup> Class Medical Certificate with your application. (If you carry a Special Issuance Certificate (SODA) issued by the FAA, include a photocopy with your application).**
3. **Complete payment authorization**
  - **Write void across a blank check and attach**
  - **Complete and sign form.**
4. **Mail all of the above along with this form to:**  
**Harvey W. Watt & Co**  
**PO Box 20787**  
**Atlanta GA 30320**

**Or fax all of the above to: (404)-761-8326**

**Or email all of the above to [pilot@harveywatt.com](mailto:pilot@harveywatt.com)**

**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.**

### **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, complete the application below.

I hereby make application for 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.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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## GROUP DISABILITY INCOME INSURANCE ENROLLMENT

**Instructions: Complete this form entirely and return it to Symetra Life Insurance Company at the address provided above.**

**Include a copy of your most recent FAA First Class Medical Certificate with this form. If you have a Special Issuance Authorization, please include a copy with this form.**

Name of your employer

Employer address

City State Zip code

Your name (last, first, middle)

Date of birth (month, day, year)  Male  Female Base Annual Earnings

Billing address

City State Zip code

Home phone Work phone Email address

- Type of coverage enrolling in:  STD  LTD

- Do you currently hold a valid restricted first class medical certification that was issued, or renewed by the FAA within the last 6 months from the date of this application? (glasses limitations do not apply)  Yes\*  No
- Have you ever been denied an unrestricted first class medical certification due to FAA medical requirements?  Yes\*  No

*\* If you answered "Yes" to any of the questions above, please explain:*

**The following health questions must be answered fully and truthfully to the best of your knowledge and belief. If any misstatements or omissions are made, they may be the basis for later rescission of your insurance coverage. Rescission voids your coverage and claims will not be paid.**

- Are you applicant pregnant?  Yes\*  No  
**\*If yes, please give details on the next page including due date.**
- Are you applicant currently taking any medication?  Yes\*  No  
**\*If yes, please give details on the next page.**

3. In the past ten years, or as indicated below, have you been treated for, or been diagnosed by a member of the medical profession as having any of the following:  Yes\*  No

**\*If yes, please indicate condition and provide details on the next page.**

- |   |   |  |
|---|---|--|
| a) ___ Heart Disorder, Chest Pain, Circulatory Disorder | i) ___ Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) Infection/Disease, or tested Positive to the AIDS virus (HIV) | o) ___ Gland Disorder                          |
| b) ___ High Blood Pressure                              | j) ___ Abnormal Physical Exam, Lab or X-ray. (5 years)  | p) ___ Diabetes Developmental                  |
| c) ___ Mental & Nervous Disorder, Depression            | k) ___ Reproductive Organ Disorder  | q) ___ Disorder Birth Defect                   |
| d) ___ Alcoholism and/or Drug Habits                    | l) ___ Sexually Transmitted Disease   | r) ___ Epilepsy, Seizures                      |
| e) ___ Stomach, Abdominal, Intestinal Disorder          | m) ___ Kidney Disorder  | s) ___ Lungs, Respiratory Disorder             |
| f) ___ Brain or Nervous System Disorder                 | n) ___ Liver Disorder   | t) ___ Bone, Joint, Connective Tissue Disorder |
| g) ___ Stroke, Paralysis                                |   | u) ___ Accident or Injury                      |
| h) ___ Cancer, Tumors                                   |   | v) ___ Blood Disorder                          |
|   |   | w) ___ Infectious Diseases                     |
|   |   | x) ___ Back, Neck Pain, or Discomfort          |
|   |   | y) ___   |

4. Have you consulted, been advised or been examined by any healthcare provider for any other medical reason within the last ten years, or as indicated above?  Yes\*  No

**\*If yes, please indicate condition and provide details on the next page.**

**HEALTH INFORMATION**

Question # Or Letter	Name of Person	Details of Yes Answers	Onset Mo. Yr.	Duration	Degree of Recovery	Full Name and Full Address of Attending Physician

**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 Symetra Life Insurance Company and the first premium is paid in my lifetime.
- I understand that my coverage could be denied if any FAA medical license was issued due to my misstatement or omission on an FAA application.
- I understand my coverage begins on the "effective date" assigned by Symetra Life Insurance Company.
- I have read and understand the fraud notice applicable to me on the following page.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

**Please read the following notice that we are required by law to give to you.**

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection California law requires the following to appear hereon: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: The following applies to health insurance only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND, WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.





Note: We will accept an authorization form preferred by your provider's office in place of this authorization form.

## SYMETRA LIFE INSURANCE COMPANY

### Authorization for Release of Medical Information

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Group Policy Number: 01-016062-03

Name of insured/patient (please type or print): \_\_\_\_\_ Date of birth: \_\_\_\_\_

I authorize any physician, health care professional, hospital, clinic, medical facility, laboratory, pharmacy or pharmacy benefit manager, other health care provider, insurance company, or government agency that has provided treatment, services, or payment to me or on my behalf ("My Providers") to disclose my entire medical record, medications prescribed, prescription history, and any other protected health information concerning me to Symetra Life Insurance Company, its employees, agents, or representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness, excluding psychotherapy notes, and the use of alcohol, drugs, and tobacco.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Symetra Life Insurance Company may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) administer coverage; 3) obtain reinsurance; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Symetra Life Insurance Company.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification to Symetra Life Insurance Company. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this Authorization to disclose information about me or to the extent that Symetra Life Insurance Company has a legal right to contest a claim under an insurance policy. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by Symetra Life Insurance Company except as authorized by me or as required by law.

This Authorization complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that if I refuse to sign this authorization to release my complete medical record, Symetra Life Insurance Company may not be able to process my application, continue my coverage, or make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

\_\_\_\_\_  
Signature of Insured/Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority or Relationship to Patient

Symetra® is a registered service mark of Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Symetra Life Insurance Company, not a licensed insurer in New York, is the parent company of First Symetra National Life Insurance Company of New York, 260 Madison Avenue 8th Floor, New York, NY 10016.