

PGA Earnings Guard® Accident Disability Income Insurance Plan Guaranteed Acceptance Enrollment Form



To Enroll:

Send this completed form to:

**ADMINISTRATOR
PGA GROUP INSURANCE PROGRAM**
P.O. Box 10374
Des Moines, IA 50306-8812

QUESTIONS?

Call: 1-800-459-2851
customerservice.service@mercer.com

Name: _____
Last First MI
Add 1: _____
Add 2: _____
City, St., Zip: _____



Underwritten by:
Hartford Life and Accident Insurance Company
Hartford, CT 06155

YES! I want to enroll in the Earnings Guard® Accident Disability Income Insurance Plan.

Monthly Benefit Amount*: \$ _____

***Monthly benefit amounts up to \$2,000.00 in \$100.00 increments not to exceed 60% of Pre-disability Earnings.**

1. Please complete:

Phone Numbers _____ E-Mail Address _____
Home _____ Date of Birth _____
Work _____ (Mo./Day/Yr.)

2. Read, Sign, and Date:

I hereby enroll with Hartford Life and Accident Insurance Company of Hartford, Connecticut, for coverage under the PGA Accidental Disability Insurance Plan (Earnings Guard®). I have read and I understand the conditions and exclusions of the program. I certify that I am under age 60, reside in the United States, and Actively-At-Work at least 20 hours a week and the monthly benefit does not exceed 60% of my Pre-disability Earnings. I certify that the statements above are true and complete to the best of my knowledge and belief and are binding on any person. I understand that my coverage will become effective upon the first day of the month following the Administrator's receipt of the Guaranteed Acceptance Enrollment Form and my first premium payment.

Signature X _____ Date X _____

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries including issuing companies Hartford Life and Accident Insurance Company.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.
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Earnings Guard® Accident Disability Income Insurance Plan Coverage Guide



Coverage offer for PGA Professionals by PGA

A disabling Injury could be more financially damaging than death. That's why PGA developed an EXCLUSIVE offer to help protect your income and other assets.

The PGA-sponsored Earnings Guard® plan is for members like you who work.

It's not available to the general public!

The Earnings Guard® Plan is an accident disability insurance plan that helps protect your income by paying you monthly benefits if you are Totally Disabled from a covered accident and are unable to work and collect a paycheck.

This valuable plan offers you the following:

Guaranteed Acceptance

As a PGA Professional in good standing under age 60 and is Actively-At-Work at least 20 hours per week, **your acceptance is guaranteed.** You cannot be turned down! To get your protection in force, all you need to do is complete and return your GUARANTEED ACCEPTANCE Enrollment Form and premium payment. That's all there is to it - no medical questions or physical exams are needed.

This coverage is available only for residents of the United States excluding ID, MT, NM, OR and WV.

Pays Monthly Cash Benefits

If you become Totally Disabled from a covered accident, Earnings Guard® will pay you monthly cash benefits based on the benefit amount you select. You can choose monthly benefit amounts up to \$2,000.00 in \$100.00 increments.

Please note: The benefit amount must be less than the Monthly Benefit or 60% of your Pre-disability Earnings minus:

- a) any Other Income Benefits, including those for which you could collect but didn't apply; and
- b) all other income from any employer or for any work.

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the policy:

Insured's monthly Pre-disability Earnings	\$3,000.00
Disability benefits percentage	<u> x 60 %</u>
Unreduced maximum benefit	\$1,800.00
Less any Workers Compensation benefit per month	<u> - \$ 400.00</u>
Total amount of disability benefit per month	\$1,400.00

Elimination Period

With Earnings Guard®, you'll receive your benefit amount within 90 days of Total Disability. And it will keep paying for up to two years as long as you remain Totally Disabled.

Affordable Price

Thanks to the group purchasing power of 28,000 PGA Professionals, you pay an economical price. For example: the \$2,000.00 monthly benefit amount with a 90-day Elimination Period (EP) is \$5.80 for males or \$5.60 for females, under age 30 a month. Try to find this affordable rate on your own!

See the chart below for your affordable annual group rates:

2 Year Benefit Period, 90 Day EP Annual Rate/\$2,000 Monthly Benefit

Age	Male	Female
Under 30	\$69.60	\$67.20
30-34	\$55.20	\$76.80
35-39	\$43.20	\$91.20
40-44	\$48.00	\$108.00
45-49	\$64.80	\$124.80
50-54	\$88.80	\$151.20
55-59	\$153.60	\$223.20
60-64*	\$249.60	\$324.00

*Renewal Only

Rates and/or benefits will not be changed unless they are changed for all insureds in your classification.

Rates listed are for an Elimination Period of 90 days.

Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

Monthly benefit amounts are available in \$100.00 increments up to \$2,000.00. Please contact the program administrator for a rate quote.

Convenient Payment Options

Automatic Monthly Check Withdrawal: Have your premiums automatically deducted from your checking account on a monthly basis. This saves you time spent writing checks and tracking due dates. Direct Bill Options are quarterly, semi-annual or annual.

Pays Benefits for "Total Disability"

Total Disability or Totally Disabled means disability which, during the Elimination Period and the first 24 months during which Total Disability Benefits are payable, wholly and continuously prevents you from performing the Essential Duties of Your Occupation.

When Coverage Begins

Your coverage will become effective on the first of the month after we receive your signed Guaranteed Acceptance Enrollment Form and premium payment. (If you are not Actively-At-Work on that date, coverage will become effective on the first day of the month on or next following the date you are Actively-At-Work for three consecutive months.)

Termination

Your coverage will then remain in effect as long as you are a PGA Professional, pay your premiums when due, you remain employed a minimum of 20 hours per week, except due to Total Disability, are under age 65 and the Master Policy is in force.

Exclusions

This Policy does not cover any Disability or loss caused by: intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane, war or act of war, whether declared or not, any Injury sustained while riding on, boarding or alighting from, any aircraft as a pilot, crew member or student pilot; operated by any military authority (land, sea or air) unless it is a Military Transport Aircraft used for transport and operated by the United States Military Air Mobility Command (AMC) or an AMC type service of a national government recognized by the United States; or being used for tests, experimental purposes, stunt flying, racing, endurance tests, Your commission or attempted commission of a felony; Sickness or disease, Sickness contracted or Injury sustained while on full-time active duty as a member of the Armed Forces (land, sea or air) of any country or international authority.

Pre-disability Earnings means, if you are self-employed, your average net monthly income (gross revenues less business expenses) from: 1) the personal practice of your profession; or 2) personal conduct of your main business. This average is based on net income for: 1) 12 months; or 2) 24 months; whichever produces the higher average, before the determination is made. If you have been self-employed for less than 12 months, it is based on the whole time you were self-employed. If your practice is incorporated, net income includes the cost to your company of fringe benefits and your share of total surplus. Income does not include investment returns, rents, royalties, and the like income which is not directly produced from your current work. Pre-disability Earnings means, if you are not self-employed, your regular monthly rate of pay, not counting commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the last day you were Actively-At-Work before you became Disabled.

Injury means bodily Injury which results directly and independently of all other causes from an accident.

Periods of Disability: due to the same or related medical causes; and separated by less than 6 months during which the Covered Person is Actively-At-Work; will be considered one Period of Disability. Benefits during any Period of Disability as the result of more than one accident will be considered the same as if the disability resulted from only one cause.

This Coverage Guide explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder.

THIS IS LIMITED ACCIDENT ONLY COVERAGE.

Administered by:



MAKE TOMORROW, TODAY

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 10374
Des Moines, IA 50306-8812

QUESTIONS?

Call: 1-800-459-2851

Email: customerservice.service@mercer.com

AR Insurance License #100102691

CA Insurance License #0G39709

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Underwritten by:



THE HARTFORD

Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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