

Personal Accident Insurance Protection

Administered by:



*Developed for the Members of
The Aviation Health Association*

Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn't take both an emotional and financial toll on your family.

By purchasing this insurance through your association, you benefit from:

- Affordable group rates
- Convenient payment methods

Who Is Eligible For Coverage?

You - If you are a member of The Aviation Health Association and an active working, full-time pilot, you are Eligible to elect insurance for you and your dependents.

Your Family - You may elect to cover your lawful spouse under age 70 and your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students). Children must be dependent upon you for support and maintenance.

No one may be covered more than once under this plan. If covered as a member, you cannot also be covered as a dependent.

How Much Coverage Can You Buy?

You - You may select from \$50,000 to \$500,000 of coverage in units of \$50,000 at a very affordable price.

Your Family - Your spouse's benefit amount will be 40% of yours or 50% if you have no dependent children, subject to a maximum benefit amount of \$250,000. Each of your covered children's benefit amount will be 10% of yours or 15% if you have no eligible spouse, subject to a maximum benefit of \$10,000.

Your Monthly Cost

Your monthly cost is only 5¢ per \$1,000 for you and just 6½¢ per \$1,000 for you and your family.

Your total monthly cost will depend on the benefit amount and coverage option you select from the chart below.

Your Benefit Amount	Monthly Cost for You and Your Family	Monthly Cost for You Only
\$500,000	\$32.50	\$25.00
450,000	29.25	22.50
400,000	26.00	20.00
350,000	22.75	17.50
300,000	19.50	15.00
250,000	16.25	12.50
200,000	13.00	10.00
150,000	9.75	7.50
100,000	6.50	5.00
50,000	3.25	2.50

Costs are subject to change.

Benefit Reductions

When the member reaches age 70, benefits will be reduced to 50% of the benefit amount selected. Coverage ends when the member reaches age 75. These reductions also apply if you elect coverage after age 69.

Developed for the members of:

The Aviation Health Association

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against accidental death or losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a Covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of Life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower and upper limbs, or Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech, or Loss of hearing in both ears	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%
Coma	1%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Additional Benefits

For Exposure and Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If you or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

Additional Benefits

For Pilots

Benefits are payable if you suffer a covered loss that results directly and independently of all other causes from a covered accident that occurs while you are flying as a licensed pilot or member of the crew of an aircraft and meets the requirements as shown in the policy.

For Comas

If you, your spouse, or your children have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in [A Valuable Combination of Benefits](#). We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

For Child Care Expenses

Personal Accident Insurance pays an additional benefit to help pay for your children's child care expenses.

If you have elected to cover your family members and you die as a result of a covered accident and you have a surviving child under the age of 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each covered child of up to 3% of your benefit amount but not more than \$3,000 per year for 4 years or until the child turns 13, whichever comes first.

We will make the payment to the child's surviving custodial parent or legal guardian.

Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

For Furthering Education

The education benefit can give members who sign up for coverage for their family members extra peace of mind if their children enroll in a school of higher learning.

If you die in a covered accident, we will pay an extra benefit for each insured child who is enrolled in a school of higher learning or is in the 12th grade and enrolls within one year of the accident. To help pay expenses, we will increase your benefit amount by 3% (up to \$5,000) for each qualifying child. This benefit is payable

Additional Benefits

each year for 4 consecutive years as long as your children continue their education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

For Training Your Spouse

If you have elected spouse coverage, your spouse will receive educational reimbursement if he or she enrolls, within three years of your death in a covered accident, in an accredited school to gain skills needed for employment. We will pay the actual cost of this education or training program up to 3% of your benefit amount, not to exceed \$3,000.

For Dual Accidents

If you have elected coverage for your family members and as a result of the same covered accident or separate covered accidents that occur within the same 24-hour period, you and your insured spouse die, we will increase your spouse's benefit amount to 100% of yours. You and your spouse must be survived by one or more dependent children. The benefit amount cannot exceed \$500,000.

For Traveling on Public Transportation

If you or an insured family member are accidentally killed or dismembered while a fare-paying passenger in or being struck by or while getting on or off of public transportation, such as a bus or plane, licensed for hire to carry fare-paying passengers or a transport aircraft operated by the U.S. Air Mobility Command or a similar air transport service of another country, we will increase the benefit amount by 100%, to a maximum of \$100,000.

For Wearing a Seatbelt and Protection by an Airbag

This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile, while wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by law). That person's death benefit will be increased by 10% but not more than \$10,000. If the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag), we will increase that person's death benefit by an additional 3% but not by more than \$3,000.

Verification of the actual use of the seatbelt and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or

be certified, in writing, by the investigating officer(s) and submitted with the claim.

If it is unclear whether the insured had been wearing a seatbelt or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of \$1,000.

What Is Not Covered

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; an act of war, declared or undeclared; any active participation in a riot, insurrection or terrorist act; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates (an aircraft will be deemed to be "controlled" by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year).

In addition, benefits will not be paid for services or treatment rendered by a physician, nurse or any other person who is employed or retained by the subscriber or who is providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in the covered person's household or a parent, sibling, spouse or child of the insured.

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, or the date we receive your completed enrollment form. Provided the application had been received and the appropriate premium paid, dependent coverage will start when your coverage begins. If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

For insurance for your spouse and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.

Your coverage will continue as long as you remain an eligible member, pay your premium when due and we agree with your association to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid or when he or she is no longer eligible, whichever comes first.

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

Signing Up Is Easy

No medical examination is required to apply!

Just follows these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the enrollment form and return it to the plan administrator - Harvey Watt & Co.

Don't forget to...

Use the full name of your beneficiary. For example, use "Mary Jones Smith" not "Mrs. John A. Smith."

If you have any questions about the plan, please contact your administrator - Harvey Watt & Co.

Administered by:

Harvey Watt & Company

P.O. Box 20787
Atlanta, GA 30320
800-241-6103
pilot@harveywatt.com
www.harveywatt.com

Serving Pilots Since 1951

Here's How to Apply

1. **Print and complete the application in its entirety and sign and date the application.**
2. **Complete payment authorization for monthly premium payments.**
(Requires a minimum monthly premium of \$10.00)
 - Write void across a blank check and attach
 - Complete and sign form.
3. **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

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: _____

Personal Accident Insurance Enrollment

Please use this form to apply for Personal Accident Insurance (Accidental Death & Dismemberment Insurance). The person applying as the primary insured should complete this form. Please print clearly in dark ink and mail to **Harvey W. Watt & Co., P.O. Box 20787, Atlanta, GA 30320 or Fax: (404)-761-8326. Questions? 1-800-241-6103.** Be sure to make a copy of this form for your records.

Policyholder: Aviation Health Association

Policy No. 65009-9 acct 3

1. TELL US ABOUT YOURSELF

Your Name (Last, First, M.I.)					
Date of Birth (MM/DD/YYYY)		Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City	State	Zip
Home/Cell Phone #		Work Phone #		E-mail Address	

Select coverage option: Member and Family Member Only

(Note: If you select coverage for your family, benefits for family members will be a percentage of yours.)

My Benefit Amount \$ _____ Total Cost \$ _____/per month

2. BENEFICIARY INFORMATION

List one or more beneficiaries below. List the percent each will receive. The total must equal 100 percent. Beneficiary for dependent coverage will be the certificate holder. Attach additional sheets if necessary.

Name	Address	Relationship	Percent

3. 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 and the first premium is paid in my lifetime.
- I understand my coverage begins on the "effective date" assigned by ReliaStar Life Insurance Company.

Include a check for your first annual premium unless you prefer the monthly bank draft option which requires a minimum monthly premium of \$10.00 and a completed Authorization for Premium Payments form (included).

Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance 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 may subject such person to criminal and civil penalties, and denial of insurance benefits.

Your Signature	Date
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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 _____