



Pilot Occupational Disability Income Insurance

*Underwritten by Americo Financial Life and Annuity Insurance Company
Offered exclusively to members of the Aviation Health Association*

Eastern Airline Captain Harvey Watt pioneered Pilot Disability insurance in 1951. Today, Harvey W. Watt & Company, Inc. (Harvey Watt & Co.) is a leading manager of professional pilot insurance. We administer insurance for over 50,000 pilots.

Keeping Pilots in the Cockpit for over 60 years

- Our commitment is to provide pilots and their families with the most competitive insurance options available.
- Our representatives are paid by salary, not commission. We are here to help make sure the plan is explained to you and your needs are met with no pressure.
- We represent U.S. insurance companies. These companies and the products they offer are subject to governmental regulation.
- We can help compare your disability insurance options whether you are looking for stand-alone or supplemental disability insurance protection.



SERVING PILOTS SINCE 1951



IF YOU GET GROUNDED, MONEY STOPS ... BILLS DON'T

In the U.S., nearly one in five people will become disabled for more than a year before reaching age 65.¹



Our experience tells us one in 20 pilots are disabled every year.

Pilot friendly policy features:

- **Replace income if you can no longer fly due to your health.**
- **Portability:** coverage and rates will not change if who you fly for, where you fly, or your union changes.
- If you can't fly for a living due to your health, you can still work another job and receive benefits.
- **Ability to Fly Test:** definition of disability pertains to your health and your ability to fly as a career.
- **No Future Health Questions:** once enrolled if your policy has not terminated, you keep your coverage with no future health questions.

NEED FOR DISABILITY INSURANCE

AVIATION MEDICAL ADVOCACY

How do you get back up in the air if the Federal Aviation Association (FAA) or the Aviation Medical Expert (AME) turns you down?

Our experts are here to help. Pilots want to fly and our experience shows that by offering a voluntary resource to help pilots with FAA recertification, many can get back in the cockpit much faster. This helps to keep you in the cockpit and to keep rates stable. It's the reason we are able to exclusively offer this disability insurance coverage.

If there's a way to help you get back in the air, our Medical Director will find it. Dr. Warren Silberman, the former Chief of the FAA Medical Certification Division, is here to help you.

- **As a member of the Aviation Health Association,** a full staff of doctors, flight surgeon nurses, and AME trained medical consultants are here to help.
- **Contact us** whether it's a small medication question or a major medical issue which requires us to present your case to the FAA Review Board.
- **Know:** When you can legally fly and when you should ground yourself.
- **Confidentiality:** Speak candidly with our experts.

¹Life and Health Insurance Foundation for Education. *Disability Insurance: Who Needs It?* January 16, 2007.



We've got news for you. Health news! Interesting news! Medical news from the nation's most respected resources, and it's all new every month in our *Aviation Medical Bulletin*. The subscription for the *Aviation Medical Bulletin* is free with your AHA membership enrollment.



**Application for
Aviation Health Association** AHA APP

EXCLUSIVE AGENT: Harvey W. Watt & Company, Inc.

PO Box 20787, Hartsfield International Airport, Atlanta, GA 30320 • Phone: 800-241-6103; 404-767-7501 • FAX: 404-761-8326 • www.harveywatt.com

The **AVIATION HEALTH ASSOCIATION** is an organization whose purpose is to promote the welfare and best interest 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.

I certify that I am currently employed as a pilot or flight engineer as my primary occupation and I am applying for membership in the Aviation Health Association.

X _____
Signature

Date (Month/Day/Year)

COVERAGE & FEATURES

AOPA Plans Monthly Pay Disability Benefit

Tax-free monthly disability benefits can help keep your world intact until you return to active flight status.¹

AOPA Plans Monthly Pay Disability Benefits are issued through age 58 with benefits available from \$500 to \$6,000 per month for continued disability. Disability is defined as the inability to perform the substantial and material duties of a commercial pilot as a result of injury or sickness.

Three levels of coverage are available:

- AOPA Plan-A: 48 months³ of monthly income benefits with a 6-month elimination period
- AOPA Plan-B: 24 months³ of monthly income benefits with a 6-month elimination period
- AOPA Plan-C: 48 months³ of monthly income benefits with a 12-month elimination period

Monthly benefits may be up to two-thirds of your lost monthly income and up to 100% when combined with any other valid loss of time coverage sources² of disability compensation. AOPA Plans Monthly Pay Disability Benefits may be paid on top of other disability income. Benefits may be reduced so total disability income does not exceed lost monthly income. The minimum AOPA Plans Monthly Pay Disability Benefit is the lesser of the benefit amount selected or \$300.

AOPA Lump Sum Catastrophic Benefit

This benefit provides a lump sum in the event you suffer a permanent medical disability allowing you to adjust to the reduction of monthly income that inevitably follows permanent disability and loss of your FAA Medical Certification. Permanent disability is defined as a disability from which you are not reasonably expected to recover.

The AOPA Lump Sum Catastrophic Benefit may allow you to reduce large financial commitments such as your mortgage, children's education expenses, or pursue a new career. It may also help fund a retirement.¹

This benefit provides higher coverage during the early years of the policy, when you may need it most. Coverage then decreases as you get older when you are closer to retirement. It can be issued through age 55, and is available for amounts up to 2.5 times your current annual earnings, not to exceed \$250,000.

Two levels of coverage are available:

- AOPA Lump Sum Plan-A has a level lump sum benefit to age 40. Beginning at age 40, the benefit decreases by 5% of the original face amount per year until age 59. The coverage terminates at age 60.
- AOPA Lump Sum Plan-B has a level lump sum benefit to age 50. Beginning at age 50, the benefit decreases by 10% of the original face amount per year until age 59. The coverage terminates at age 60.

You can attain comprehensive disability income protection for both short term and permanent disability. AOPA Plans Monthly Pay Disability benefits are available both with and without the AOPA Lump Sum Catastrophic Benefit.

¹Neither Americo Financial Life and Annuity Insurance Company, nor Harvey W. Watt & Company, Inc. is authorized to give legal or tax advice. Please consult with a qualified professional regarding the information and concepts contained in this material.

²Sources include individual, group and self-insured disability coverage, such as coverage provided by disability insurance policies, employer, association or union-sponsored disability plans, salary continuation, or replacement disability plans, and other plan that provides benefits for disability. Federal Social Security or any similar federal, state, or local law, workers' compensation, occupational disease laws, and state disability benefit plans are Social Insurance, and the amount of such benefits will reduce the payment under the AOPA Plans policy regardless of the coverage.

³The number of benefit months decreases under these plans. Please see rate charts for complete details.

RATES

Pilot Disability Income Insurance *offered exclusively by Harvey W. Watt & Company, Inc.*
Underwritten by Americo Financial Life and Annuity Insurance Company

AOPA Plans Monthly Benefits & Premiums* Available in \$500 increments from \$500 to \$6,000 Rates Per \$500 of Monthly Benefit

AOPA Plan-A					
6 Month Waiting Period & Up to 48 Month Benefit					
Rates Per \$500 of Monthly Benefit					
Age	Monthly Premium	Maximum Benefit Period	Age	Monthly Premium	Maximum Benefit Period
27 & Under	\$4.98	48 months	46	\$23.70	48 months
28	\$5.40	48 months	47	\$25.56	48 months
29	\$5.82	48 months	48	\$27.30	48 months
30	\$6.24	48 months	49	\$29.52	48 months
31	\$6.66	48 months	50	\$32.28	48 months
32	\$7.02	48 months	51	\$35.04	48 months
33	\$7.68	48 months	52	\$36.72	48 months
34	\$8.28	48 months	53	\$38.64	48 months
35	\$8.94	48 months	54	\$40.44	48 months
36	\$9.78	48 months	55	\$51.54	48 months
37	\$10.68	48 months	56	\$65.17	36 months
38	\$11.52	48 months	57	\$75.44	36 months
39	\$12.72	48 months	58	\$75.44	30 months
40	\$14.70	48 months	59	\$75.44	30 months
41	\$16.62	48 months	60	\$75.44	24 months
42	\$17.82	48 months	61	\$75.44	24 months
43	\$18.84	48 months	62	\$75.44	18 months
44	\$20.04	48 months	63	\$75.44	12 months
45	\$22.26	48 months	64	\$75.44	6 months

*Claims made for qualified disabling events occurring on or before your 64th birthday will be honored. All benefits cease at age 65.

RATES

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AOPA Plans Monthly Benefits & Premiums* Available in \$500 increments from \$500 to \$6,000 Rates Per \$500 of Monthly Benefit

AOPA Plan-B 6 Month Waiting Period & Up to 24 Month Benefit Rates Per \$500 of Monthly Benefit		
Age	Monthly Premium	Maximum Benefit Period
29 & Under	\$3.78	24 months
30 - 34	\$5.40	24 months
35 - 39	\$7.98	24 months
40 - 44	\$12.78	24 months
45 - 49	\$20.40	24 months
50 - 54	\$27.30	24 months
55	\$34.08	24 months
56	\$42.35	24 months
57	\$50.63	24 months
58	\$58.90	24 months
59	\$67.16	24 months
60	\$75.44	24 months
61	\$75.44	24 months
62	\$75.44	18 months
63	\$75.44	12 months
64	\$75.44	6 months

AOPA Plan-C 12 Month Waiting Period & Up to 48 Month Benefit Rates Per \$500 of Monthly Benefit					
Age	Monthly Premium	Maximum Benefit Period	Age	Monthly Premium	Maximum Benefit Period
27 & Under	\$4.15	48 months	46	\$19.75	48 months
28	\$4.50	48 months	47	\$21.30	48 months
29	\$4.85	48 months	48	\$22.75	48 months
30	\$5.20	48 months	49	\$24.60	48 months
31	\$5.55	48 months	50	\$26.90	48 months
32	\$5.85	48 months	51	\$29.20	48 months
33	\$6.40	48 months	52	\$30.60	48 months
34	\$6.90	48 months	53	\$32.20	48 months
35	\$7.45	48 months	54	\$33.70	48 months
36	\$8.15	48 months	55	\$42.95	48 months
37	\$8.90	48 months	56	\$54.31	36 months
38	\$9.60	48 months	57	\$62.87	36 months
39	\$10.60	48 months	58	\$62.87	30 months
40	\$12.25	48 months	59	\$62.87	30 months
41	\$13.85	48 months	60	\$62.87	24 months
42	\$14.85	48 months	61	\$62.87	24 months
43	\$15.70	48 months	62	\$62.87	18 months
44	\$16.70	48 months	63	\$62.87	12 months
45	\$18.55	48 months	64	\$62.87	6 months

*Claims made for qualified disabling events occurring on or before your 64th birthday will be honored. All benefits cease at age 65.

RATES

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AOPA Lump Sum Benefits & Monthly Premiums*

Available in \$25,000 increments from \$25,000 to \$250,000

Rate per \$1,000 Lump Sum (\$1,000 to \$250,000) \$10 monthly benefit for 6 months included

AOPA Lump Sum Plan-A Level Benefit to Age 40

AOPA Lump Sum Plan-A – 100 - 250**

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$.18 per \$1,000 of coverage	\$100,000
30 - 34	\$.26 per \$1,000 of coverage	\$100,000
35 - 39	\$.38 per \$1,000 of coverage	\$100,000
40 - 44	\$.57 per \$1,000 of coverage	At age 40 , coverage reduces annually 5% of the original lump sum benefit amount.
45 - 49	\$.75 per \$1,000 of coverage	
50 - 59	\$.56 per \$1,000 of coverage	

AOPA Lump Sum Plan-B Level Benefit to Age 50

AOPA Lump Sum Plan-B – 100 - 250**

Age	Monthly Premium	Lump Sum Benefit
Up to 30	\$.18 per \$1,000 of coverage	\$100,000 - \$250,000
30 - 34	\$.26 per \$1,000 of coverage	\$100,000 - \$250,000
35 - 39	\$.38 per \$1,000 of coverage	\$100,000 - \$250,000
40 - 44	\$.68 per \$1,000 of coverage	\$100,000 - \$250,000
45 - 49	\$1.27 per \$1,000 of coverage	\$100,000 - \$250,000
50 - 59	\$1.12 per \$1,000 of coverage	At age 50 , coverage reduces annually by 10% of the original lump sum benefit amount.

*Rates for ages 56 and above are for renewal purposes only.

** Rates for less than \$100,000 are available upon request.

What's the difference between the AOPA Plans Monthly Pay benefit and the AOPA Lump Sum Catastrophic benefit?

The AOPA Plans Monthly Pay benefit can help supplement your income on a monthly basis, including when you are temporarily disabled, but expecting to return to active flight status when your health permits. The AOPA Lump Sum is a lump sum benefit, payable when you are permanently unable to fly as defined in the policy. Because each benefit was designed to solve a unique problem, they are often purchased together to cover most scenarios.

Can the benefit be increased when the policy is in effect?

Yes. While you are within the issue age limits and not disabled, you may apply to increase your benefits. Additional underwriting may apply; contact Harvey H. Watt & Company, for more information.

Can I be singled out for a rate increase if my health changes?

No. Once you are approved and your coverage remains in effect, your monthly premium rate cannot be changed due to a change in an individual's health. Changes to monthly premiums may only take place when changes will apply for everyone on a class basis.

When does my coverage take effect?

Each application is given prompt attention as soon as results of your medical underwriting are available. Coverage is effective on the first day of the month following the date your application is approved and we've received your first premium.

HERE'S HOW TO APPLY

1. Determine the coverage you wish to apply for, including the insurance benefit(s) and amount(s) of coverage.
2. Complete the application for Aviation Health Association membership.
3. Print and complete the entire Application for Individual Insurance Pilot Occupational Disability Insurance Coverage and remember to sign and date the application!
4. Print and complete one of the following forms to arrange payments:
 - a. ACH Payment Authorization Form
 - b. Payroll Deduction Authorization Form
5. Mail or fax all of the completed forms to:
Harvey W. Watt & Company, Inc.
Attn: New Business
PO Box 20787
Atlanta, GA 30320
FAX: 404.761.8326 or 404.768.5594

If additional information or underwriting is required, you will be notified by Harvey Watt & Co. For any additional questions, please call 800.241.6103.



EXCLUSIVE AGENT: Harvey W. Watt & Company, Inc.
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PART I – PERSONAL AND OCCUPATIONAL INFORMATION

This application for insurance is a (select one):

New Application Change in Coverage (provide Policy Number): _____ Reinstatement (provide Policy Number) : _____

SECTION 1 – INSURED PERSONAL INFORMATION

a. Proposed Insured's Name (Last, First, MI) _____ b. Gender
 Male Female

c. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.) _____

d. How long at current address? _____ If less than 5 years at current address, prior address is required.

e. Primary Phone: Home Cell Work f. Alternate Phone: Home Cell Work g. Email Address _____

h. Social Security # _____ i. Date of Birth (MM/DD/YYYY) _____ j. Age _____ k. Place of Birth (City, State, Country) _____

SECTION 2 – OWNER'S PERSONAL INFORMATION (Complete only if Owner is different from the Proposed Insured.)

a. Owner's Name (Last, First, MI) _____ b. Gender
 Male Female c. Relationship to Proposed Insured _____

d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.) _____

e. How long at current address? _____ If less than 5 years at current address, prior address is required.

f. Primary Phone: Home Cell Work g. Alternate Phone: Home Cell Work h. Email Address _____

i. Social Security # _____ j. Date of Birth (MM/DD/YYYY) _____ k. Age _____ l. Place of Birth (City, State, Country) _____

SECTION 3 – OCCUPATIONAL INFORMATION

a. Pilot/FAA License No. _____ b. Current Employer _____

c. Date Employed _____ d. Employee Number _____ e. Base _____ f. Current Annual Salary _____

g. Total Flight Time _____ h. Flight Time: Last 12 Months _____ i. Date of last flight _____ j. Job Description
 Captain First Officer Second Officer Engineer Only

k. FAA Waivers or Limitations (If Yes, provide details in Remarks section.) Yes No

l. FAA Special Issuance Authorization (If Yes, provide a copy with your application for insurance.) Yes No

m. Have you had a professional license or medical certificate suspended, revoked, or deemed temporarily invalid? (If Yes, provide details in Remarks section.) Yes No

n. Within in the past 5 years, have you made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition? (If Yes, provide details in Remarks section.) Yes No

o. Within the last 180 days, have you been unable to continuously work on a full-time basis (as defined by your employer or collective bargaining agreement) performing duties of a commercial pilot due to injury or sickness? (If Yes, provide details in Remarks section.) Yes No

p. Name any other employer you have flown for within the last 5 years: _____

q. Remarks _____

AOPA Membership Number (if known) _____

SECTION 4 – COVERAGE

a. I wish to apply for the following coverage:

Monthly Benefit Plan: _____ Monthly Benefit Amount: \$ _____

Catastrophic Benefit Plan: (choose one of the products below) Catastrophic Benefit Amount: \$ _____

Plan A – Level Benefit to age 40 Plan B – Level Benefit to age 50

b. Elect a Premium Payment Mode:

Annual Monthly – Payroll Deduction Monthly – Bank Draft Employer Billing

SECTION 5 – BENEFICIARY (Applicable only for Catastrophic Benefit coverage.)

Primary Beneficiary	Name	Date of Birth	
*Share (%)	Social Security Number	Relationship	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Address

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Date of Birth	
*Share (%)	Social Security Number	Relationship	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Address

**Be sure to include percentage shares. Percentage shares must total 100%. If shares are not given, they will be equal. Include additional beneficiaries on a separate page signed and dated by the Owner(s).*

SECTION 6 – IN FORCE ACCIDENT AND HEALTH INSURANCE AND REPLACEMENT INFORMATION

a. Is there any existing disability coverage on the Proposed Insured? (if Yes, provide the insurance company name and amount of any disability coverage below.).....Yes No

Disability Insurance Company	Amount
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b. Do you have disability coverage insurance applications pending with other companies?.....Yes No

c. Is the insurance policy applied for intended to replace any other accident and sickness insurance you presently have in force?.....Yes No

SECTION 7 – AUTHORIZATION AND ACKNOWLEDGMENT

I authorize any insurance or reinsurance company, employer, licensed medical physician, medical professional, hospital, pharmacy or pharmacy benefit manager, records custodians, other medical or medically related facility, clearing house, consumer reporting agency, and/or the Medical Information Bureau (MIB, Inc.) that has any record of information about me to give Americo Financial Life and Annuity Insurance Company (Americo), its reinsurers or its authorized representatives, information about other insurance coverage, employment, age, general character, motor vehicle records, habits, court records, foreign travel, finances, participation in hazardous activities, medical care or advice about any physical or mental condition, including information about drugs and alcoholism required by Americo to determine insurability and/or claims eligibility for the duration of the claim.

Americo may release information obtained by this Authorization to its reinsurers, to MIB, Inc., to other insurers with whom I have policies or to whom I may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me, or as may otherwise be lawfully required. Although federal regulations require that Americo inform me of the potential that information disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer be protected by such regulation, I understand that all information received by Americo pursuant to this Authorization will be protected by federal and state privacy laws and regulations.

I have received a copy of the Notice of Insurance Information Practices. I, or my authorized representative, may obtain a copy of this Authorization on request. I understand:

- (1) This Authorization will be valid for two (2) years from the date signed and a photographic copy shall be as valid as the original;
- (2) It is Americo's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information;
- (3) A copy of this Authorization will be provided, upon request, to me or a person authorized on my behalf.
- (4) This Authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent Americo has taken action in reliance on this Authorization. Notice of revocation may be sent, in writing, to Americo at its Administrative Office address.

The **USA PATRIOT ACT** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

REQUEST FOR OWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

No agent or medical examiner can waive the answer to any question in this application nor decide on insurability nor waive any of the company's underwriting requirements nor make or change any contract. The company shall have no knowledge of statements made by or to the Agent or medical examiner unless such statements are shown on the application.

I have read this application and represent to Americo that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I agree that the above answers will become part of my application and that Americo can rely on these statements. I agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

X _____
 Signature of Proposed Insured (required) Signature of Owner (if different from Proposed Insured) Date (Month/Day/Year)

X _____
 Signature of Witness (required) Print Name of Witness Date (Month/Day/Year)



**Bank Draft
Authorization Form** HWACH (03/13)

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AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS) TO HARVEY W. WATT & CO. FOR INSURANCE PREMIUMS

I (We) hereby authorize HARVEY W. WATT & COMPANY, INC. 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

City

State

ZIP

Routing No.

Account No.

This authority is to remain in full force and effect until HARVEY 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 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 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)

Date (Month/Day/Year)

X

Signed

Date (Month/Day/Year)

X

Signed

Provide Voided Check with this Bank Draft Authorization Form.

HWACH (03/13)



**Payroll Deduction
Authorization** HWPRD (03/13)

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To be completed by all applicants desiring Pilot Occupational Disability Income Insurance premiums to be paid through employer payroll deduction.

Employee Name

Social Security No.

Employer

I hereby authorize the Harvey W. Watt & Company, Inc. to make the deductions from my earnings in the amount designated by Harvey Watt & Co. to cover the premiums due for my Pilot Occupational Disability Income Insurance policy. I understand and agree that I am responsible for these premiums. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not will be deducted from my last paycheck. I further understand and agree that deductions will be made after any federal or state requirements.

X

Signature of Proposed Insured (required)

Date (Month/Day/Year)

HWPRD (03/13)

AOPA



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IMPORTANT INFORMATION - RETAIN THIS DISCLOSURE FOR YOUR FILES

INFORMATION PRACTICES NOTICE

Thank you for your application. This notice is given to you at the time you apply for insurance to tell you about the kinds of information we may obtain in connection with your application. We rely primarily on information provided by you. We may also collect information from others, such as medical professionals who have treated you, hospitals, other insurance companies, and consumer reporting agencies. In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization. You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please write us at: Americo Financial Life and Annuity Insurance Company, PO BOX 410288, Kansas City, MO 64141-0288, Attention: Underwriting/New Business Department. Any requests to correct, amend or alter will be responded to within 30 days. Information that is corrected will be provided to any person who is designated by the requesting party and who may have received the information in the prior two years (within a seven year timeframe). Any statement of disagreement made by a requesting party will be filed and made available to those reviewing it in the future.

MIB, INC. PRE-NOTICE

Information regarding your insurability will be treated as confidential. However, Americo Financial Life and Annuity Insurance Company or its reinsurers may make a brief report to the MIB, Inc. formerly known as Medical Information Bureau, a nonprofit membership organization of life insurance companies operating as an information exchange for its members. If you apply to another MIB member company for life or health insurance or a claim is submitted to such a company, upon request the MIB will supply the company with the information it has in its file.

Upon receipt of a request from you, the MIB, Inc., will arrange disclosure of any information it has in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Fair Credit Reporting Act. The MIB's information office address is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The Company or its reinsurers may release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INVESTIGATIVE CONSUMER REPORTS

We may make or obtain an investigative consumer report, which may contain information secured through personal interviews with your friends, neighbors and others with whom you are acquainted. This report may contain information as to your character, general reputation, personal characteristics and mode of living (no information collected concerning the sexual orientation of the proposed insured will be used to determine his or her eligibility for insurance). The consumer reporting agency may keep a copy of the report and may disclose its contents to others for whom it performs such services. On receipt of a request from you, we will tell you if a report has been requested and we will provide you with the name, address, and telephone number of the consumer reporting agency. You may request to be personally interviewed and, when the report is completed, you have a right to inspect and receive a copy of it from the consumer reporting agency. Please send your request to: Harvey W. Watt & Company, Inc., PO BOX 41020787, Hartsfield International Airport, Atlanta, GA 30320, Attention: Underwriting Department.

REQUIREMENTS, CONDITIONS, EXCLUSIONS & LIMITATIONS, AND TERMINATION

Americo Pilot Occupational Disability Income Insurance, underwritten by Americo Financial Life and Annuity Insurance Company, is offered exclusively to members of the Aviation Health Association through Harvey Watt & Co.

Requirements

You are eligible to purchase coverage if you meet these three requirements:

- Active Flight Status
- Aviation Health Association Membership (there is no cost for membership)
- Member of or Employed Pilot of an AOPA Member

Conditions

Payment of any benefit is contingent on conditions. The insured should be:

- Placed in the care of a physician and submit a plan of treatment.
- Following the *Recommended Therapeutic Program* after one has been established.
- Making every reasonable effort to return to Active Flight Status.
- Cooperating with Americo's Medical Advisor.
- Reporting receipts for all other disability insurance payments received.

The purpose of a *Recommended Therapeutic Program* is to maximize the possibility of the pilot of obtaining a current FAA Medical Certificate. It must be a usual and acceptable method of treatment used in the prevailing practice of civil aviation medicine as it relates to commercial pilots.

Exclusions & Limitations

Benefits will not be paid for a disability that is caused by any of the following:

- Disease or physical condition for which the Insured received medical advice and/or treatment during the 12 months prior to the policy effective date*;
- Active duty in the armed forces of any nation, international government authority, units auxiliary thereto, National Guard, or similar government organizations;
- Intentional self-inflicted injury;
- Alcoholism or drug addiction as defined in current Federal Aviation Regulations;
- Spraying, seeding, or crop-dusting by aircraft, or injuries sustained while flying aircraft in these operations;
- Attempt to commit, or commission of a felony;
- Illegal occupation;
- Injuries sustained during a period of legal incarceration longer than seven days, in a penal or correctional institution;
- Mental or nervous disorder.

Furthermore, the policy will not pay benefits if:

- Any medical certificate granted to the Insured by the Federal Aviation Administration or its predecessors prior to the Insured's application was obtained by fraudulent misstatement or concealment; or
- Fraudulent misrepresentations or fraudulent omission of material information in the application were made which directly relate to the cause of the disability.

Termination

Policy will terminate at the earliest of the following:

- A date requested by the Insured;
- The end of the premium payment period, as long as the policy is not in a Grace Period;
- The Insured's sixty-fifth (65th) birthday;
- The date the Insured ceases to maintain membership in the Aviation Health Association;
- The end period for which premium has been paid following the date the Insured's coverage is not renewed by the Company;
- The policy anniversary date on which the Insured fails to meet conditions stated in the Conditionally Renewable Provision; or,
- The date the last benefit is payable under the policy.

Termination of this policy will not affect qualification for or payment of any continuing claim for benefits, subject to the terms and conditions state herein, including maximum benefits.

*This exclusion does not apply after the earlier of: 1) 12 continuous months with no medical advice or treatment commencing on or after the policy effective date; or 2) 2 years after the policy effective date.

ABOUT AMERICO

As of 1/1/13, Americo Financial Life and Annuity Insurance Company (Americo) is rated “A-” (Excellent) by A.M. Best¹ and “A-” (Strong) by Standard & Poor’s^{®2}.

Americo is the lead company of Americo Life, Inc., one of the largest independent, privately held insurance groups in the United States.^{3,4}

¹Rating for Americo Financial Life and Annuity Insurance Company (Americo), Kansas City, MO, 2012. A.M. Best’s rating is assigned after an extensive quantitative and qualitative evaluation of a company’s financial strength, operating performance, and market profile. A.M. Best uses a scale of 15 ratings, ranging from “A++” to “F.”

²Standard & Poor’s rating for Americo Financial Life and Annuity Insurance Company, September 2012. Standard & Poor’s uses a scale of AAA (superior financial security) to CCC (extremely vulnerable financial security). Standard & Poor’s Insurer Financial Strength Rating is a current opinion of the financial security characteristics of an insurance organization with respect to its ability to pay under its insurance policies and contracts in accordance with their terms. Standard & Poor’s[®] is a trademark of The McGraw-Hill Companies, Inc., and is licensed for use by Americo Life, Inc.

³Americo Life, Inc., is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

⁴“Admitted Assets, Top Life Writers-2013,” A.M. Best Co., as of July 2013.

Americo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY and VT. Pilot Occupational Disability Income Insurance (Policy Series 425) is underwritten by Americo Financial Life and Annuity Insurance Company (Americo), Dallas, TX; Administrative Offices: Kansas City, MO. Products may not be available in all states. Consult policy for all limitations and exclusions.

Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo is authorized to give legal or tax advice. Please consult a qualified professional regarding information and concepts contained in this material.

Harvey W. Watt & Company, Inc. is an independent, authorized agency of Americo.

The Americo logo features the word "AMERICO" in a bold, blue, sans-serif font. The letter "A" is significantly larger and positioned to the left of the rest of the word. A registered trademark symbol (®) is located at the end of the word. The logo is set against a light blue background that forms a large, stylized letter "A" shape.