

Group Term Life Insurance Plan

For Members of the Academy of Nutrition and Dietetics

Why Buy Life Insurance?

Throughout your life you've assumed many responsibilities and financial commitments. Life insurance can help you keep the promises you made. The proceeds of life insurance policy may be needed to help...

- Pay off a mortgage or continue rent payments.
- Provide an education fund for your children.
- Pay off business debts or other financial obligations.
- Pay taxes on your estate.
- Pay large medical bills due to a prolonged illness.
- Provide money for any other financial needs your survivors may face.

Why Should You Buy Life Insurance Now?

The time to buy life insurance is when you are in good health—tomorrow may be too late. Each year many applicants are declined outright by life insurance companies because of health or physical impairments. You won't regret having life insurance—only not having enough of it.

The Group Term Life Insurance Plan is designed to help provide you and your family sound financial protection at reasonable group rates.

As a member, you and your family have the opportunity to apply for a minimum of \$10,000 up to \$150,000 of life insurance protection in \$10,000 units for yourself and your spouse. Eligible children age 15 days to 6 months: \$500; 6 months or older: \$2,500.

Take a positive step toward helping to secure your family's financial future and review the Group Term Life Insurance Plan today! Then complete the Application and return it. Remember, the time to buy life insurance is while you are healthy.

Who May Apply?

All active members of the Academy and Nutrition and Dietetics or a legally married Spouse of a member who are under age 60 and a resident of the United States.

Spouse includes domestic partners who have provide a domestic partner affidavit or other documentation as required by law.

Eligibility Restriction:

When Spouses are both Eligible Members:

- 1) coverage may not be duplicated by applying as dependents of each other; and
- 2) coverage for an Eligible Dependent Child may be requested by either Spouse, but not both. No Eligible Child will be covered unless either the Eligible Member or the Eligible Spouse is covered.

This coverage is not available in all states.

IMPORTANT FEATURES OF THIS PLAN...

Budget Group Cost

Your premiums are kept at a minimum through the collective group buying power of your association's membership acting as a group and through the economies of centralized administration.

Waiver of Premium for Total Disability

If you are Disabled before you reach age 60 and remain disabled for at least six consecutive months, your insurance will remain in force without further premium payment as long as you are Disabled or until age 80. When your disability ends, premium payments resume.

Disabled means You are wholly and continuously prevented from performing any work or occupation for wage or profit for which You are reasonably qualified or trained, or if not employed, engaging in the normal activities of a person of like age and gender in good health, as a result of injury or sickness.

Your Choice of Beneficiary

You may name anyone as your beneficiary. You may change your beneficiary at any time by writing to the Insurance Administrator. Immediately upon proof of death, your beneficiary receives the benefit in a lump sum, monthly installments or a combination of both-whichever the beneficiary wishes. If you do not name a beneficiary the insurance amount will be paid to your survivors, in equal shares per the certificate. or

If no beneficiary is named, or is no named beneficiary survives You, We may, at Our option, pay equal shares to Your spouse, children, parents, brothers and sisters.

Exclusion

This insurance is not payable in the event of death caused by suicide for the first two years of coverage or following the two years after an increase in coverage. During the first two years of coverage under the Policy an amount equal to the premium paid for coverage to the date of death will be paid. Following an increase in coverage, the benefit payable will be the amount of insurance in force before the increase plus premium paid for two years.

No Individual Cancellations

Your insurance cannot be cancelled as long as you pay your premium...are under age 80...and remain a member and the Master Policy is in force. Your dependent's coverage will remain in effect as long as your coverage is active, premiums are paid, and they meet the eligibility requirements.

Dependent Child(ren) means your unmarried child, stepchild or legally adopted child who is primarily dependent upon you for support and maintenance and is at least 15 days old but under age 26 subject to the Continuation for Dependent Child(ren) with Disabilities Provision.

Effective Date: Your coverage will become effective upon receipt and approval of your application, and payment of your first premium.

Acceptance into this plan is subject to medical evidence of insurability as determined by The Hartford. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

Each child between the ages of 6 months and 26 years may be insured for \$2,500 for the monthly premium rate of \$1.08. That same rate will also insure each child age 15 days to 6 months for \$500.

YOUR MONTHLY COST MEMBER OR SPOUSE PER \$10,000 OF COVERAGE

Age	Female	Male
Under 30	\$.60	\$1.20
30-34	.90	1.20
35-39	1.20	1.90
40-44	2.20	2.50
45-49	3.10	4.90
50-54	3.90	5.70
55-59	5.50	9.00
60-64*	10.80	16.50
65-69*	7.02	13.71
70-79*	17.25	28.67

All premiums are based on the applicant's age at the date of issue and on attained age at renewal dates. Rates and/or benefits may be changed on a class basis.

*Shown for renewal purposes only—those under age 60 may apply.

¹NOTE: Benefits reduce to 50% at age 65 and an additional 50% at age 75, and terminate at age 80. Rates shown reflect age-reduced benefits.

30-Day Free Look — you have 30 days to look over your plan of insurance and discuss it with your family and advisors. If for any reason you're not satisfied, you may return your certificate within 30 days of your effective date of coverage for a full refund, minus any claims paid.

TO COMPUTE YOUR PREMIUM—multiply the cost for your age group by the number of units you desire (up to a maximum of 25 units or \$150,000). For dependent coverage add \$1.08 to cover each child. To pay semi-annually, multiply your rate by 6.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Program Offered by:



Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0196562 | AR Insurance License #100114462

P.O. Box 14533
Des Moines, IA 50306

Questions?
1-800-503-9230
www.academymemberinsurancesite.com

Underwritten by:



Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Insurance Group, Inc. (NYSE: HIG) operates through its subsidiaries, including Hartford Life and Accident Insurance Company under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy [or Master Policy AGL-1947] 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 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 program may vary and may not be available in all states.

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Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of: All states, excluding Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance-support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

Personal History Interview: To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

Medical Information Bureau (MIB) Pre-Notice: Information regarding your insurability will be treated as confidential. Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite Model 400, Braintree, Massachusetts 02184-8734. Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers.

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Form PA-10210 (2018)

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to learn what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event we make an adverse underwriting decision relating to You, we will provide You with information regarding such decision and Your rights.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

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Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance- support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

Personal History Interview: To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

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insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance-support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to access what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Within 30 days of receipt of your written request, we will make any of this personal information available to you or to your designated representative. You also have the right to request correction, amendment or deletion of any of this personal information. Within 30 business days of receipt of your written request, we will notify you of our correction, amendment or deletion of the information in dispute, or our refusal to make such correction, amendment or deletion after further investigation. In the event that we refuse to correct, amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.

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Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event that coverage for which you have applied is declined, terminated for reasons other than failure to pay your premium, or offered to you at a higher than standard rate, you have the right to request in writing within 90 days the specific reasons why. Within 21 days of receipt of your written request, we will submit to you a written statement of the specific reasons for our decision and the specific items in your recorded personal information that support that decision.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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