



TERM LIFE INSURANCE PLAN ENROLLMENT FORM

TO ENROLL:

Send this completed form to:

ADMINISTRATOR

The Arc GROUP INSURANCE PROGRAM

P.O. Box 10374

Des Moines, IA 50306-8812

QUESTIONS?

Call: 1-800-503-9230

E-Mail: customerservice.service@mercer.com

Name: _____

Last

First

MI

Add 1: _____

Add 2: _____

City, St., Zip: _____



**THE
HARTFORD**

Underwritten by:

Hartford Life and Accident Insurance Company

Hartford, CT 06155

Member Information

Phone Numbers:

Home _____

Work _____

E-Mail Address _____

Date of Birth _____
(MM/DD/YYYY)

Place of Birth (City, State) _____

(Country) _____

Height ____ft. ____in. Weight ____lbs. Sex ☐ M ☐ F

Name of Beneficiary _____

Relationship of Beneficiary _____

I would like to contribute part of the life benefit to The Arc by designating \$_____ of my life benefit to The Arc as a beneficiary.

Check the amount of coverage you are enrolling for:

☐ \$10,000

☐ \$5,000

Check the billing option you want:

☐ Automatic Monthly Check Withdrawal

☐ Semi-Annual Direct Bill

(If you select Automatic Check Withdrawal, please complete the Automatic Monthly Check Withdrawal Request.)



I understand and agree that during the first 2 1/2 years, only death resulting from injury is covered (death from suicide or self-inflicted injuries is not covered for 2 years). In the case of death from sickness in the first 2 1/2 years, benefits are limited to the return of all premiums paid. I understand and agree that if I am hospitalized, live in an institution or am disabled due to an injury or sickness (but not because of an intellectual and developmental disability), my coverage will be postponed until the first of the month following the date I am no longer hospitalized, live in an institution or am disabled due to an accident or sickness.

Signature of Applicant X _____ **Date** _____

OR

Signature of Parent or Guardian X _____ **Date** _____

Relationship to the Proposed Insured _____

Name of Local Chapter of The Arc _____

I am now a paid member of The Arc and have been since _____

By applying for this insurance, do you intend to replace, discontinue, or change an existing policy of life insurance? ☐ Yes ☐ No

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

Life Form Series includes GBD-1000, GBD-1100, or state equivalent.
Policy # AGL-1935
LI648E-AGL1935
7/20

AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

Checking Account

Routing #: ____ ____ ____ ____ ____ ____ ____ ____ ____ Account #: _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer: _____ **Date:** _____

THIS PAGE IS INTENTIONALLY LEFT BLANK.

The Arc's Life Insurance Plan

For Members of The Arc



\$5,000 or \$10,000 of Group Term Life Insurance with Guaranteed Acceptance

No health questions...no physical exam.

Choose \$5,000 or \$10,000 of group term life insurance.

As long as the member meets the requirements as described in this brochure, acceptance is guaranteed.

Term Life Group Rates

Affordable group insurance rates have been made possible as a result of The Arc and the Insurance Administrator negotiating with the underwriter. Use this Plan to complement other coverage or to secure a "starter" policy.

Conversion Privilege

You may convert your group term life insurance into an individual insurance policy, subject to the policy provisions offered by the insurance company if coverage ends for any reason except nonpayment of premiums. You will not be required to provide any physical proof of insurability for this conversion to an individual life insurance policy. Your Certificate of Insurance contains more details on this conversion privilege.

Your Choice of Beneficiary

Choose anyone you wish to be your beneficiary. This is a unique opportunity for you to remember The Arc in your estate planning. You may change your beneficiary at any time by writing to the Insurance Administrator. Claim payments for this Plan are made promptly upon satisfactory proof of death. If you do not name a beneficiary or if no named beneficiary survives you, we may pay in order: the executors or administrators of your estate, all to your surviving spouse, if your spouse does not survive you, in equal shares to your surviving children; or if no child survives you, in equal shares to your surviving parents.

Renewable to Age 80

You may continue your coverage all the way to age 80, assuming you pay your premiums when due, you remain an active member of The Arc and the Master Policy remains in force.

A Service to Our Members

This program has been designed for members of The Arc, including people with an intellectual and developmental disability.

This coverage is available only for residents of the United States excluding ID, MN, MT, OR, NH, WA and HI.

Exclusion for Suicide

Death resulting from suicide while sane or insane in the first two years of coverage will pay the amount of premiums paid up to the date of death or two years following an increase in coverage (amount of Insurance payable will equal the amount of insurance in force prior to the increase plus an amount equal to the premium paid for the increase to the date of death).

Limitation for Death Due to Non-Injury Causes

During the first two and half years, only death from injury is covered. In the case of death from a sickness that occurs during the first two and a half years of coverage, the amount payable will be equal to the premiums paid for coverage, with interest using an annual interest rate of 1% compound monthly. After the first two and a half years, the face amount will be payable for death due to Accidental Injury or Sickness.

Convenient Payment Options

Choose between two premium payment options, whichever one best suits your needs.

Option 1: Pay through automatic monthly check withdrawal. This saves you the time spent writing checks and remembering due dates.

Option 2: Pay through direct billing on a semiannual basis.

Affordable Monthly Premiums		
Age of Insured	\$5,000	\$10,000
2-19	\$11.21	\$22.41
20-24	12.58	25.16
25-29	13.13	26.26
30-34	13.96	27.91
35-39	14.85	29.70
40-44	16.23	32.45
45-49	16.50	33.00
50-54	30.94	61.88
55-59	44.69	89.38
60-64*	61.88	123.75
65-69*	110.00	220.00
70-74*	144.38	288.75
75-79*	192.50	385.00

*For renewal purposes only. A person cannot apply at age 60 or over. Coverage can be provided to age 80.

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

All changes in premiums and coverages are made at the premium due date coinciding with or next following the insured's attained age.

This table should not be used to calculate your premium beyond your attained age when coverage becomes effective.

Rates and/or benefits may be changed on a class basis.

How to compute your premium if paying through semi-annual direct bill: find the monthly premium above that matches your age group and the coverage amount you want, multiply by six. Example: You are 38 years old and are applying for \$10,000 in coverage. $\$29.70 \times 6 = \178.20 .

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.

Satisfaction Guaranteed

If you are not completely satisfied with the terms of your coverage after you receive your Certificate of Insurance, return it within 30 days. Your money will be refunded in full, minus any claims paid, for any reason! No questions asked!

Here's How to Enroll

1. Complete, date and sign the Enrollment Form enclosed; be sure to indicate the amount of coverage you are enrolling for.
2. Indicate your billing preference. If you are paying through automatic monthly check withdrawal, you must also include a check for your first monthly premium and a blank voided check or deposit slip.
If you select semi-annual direct bill, just include a check.
3. Mail your check (and a blank voided check or deposit slip if applicable) and Enrollment Form to:
Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 10374
Des Moines, IA 50306-8812
1-800-503-9230

Effective Date

Coverage will become effective the first of the month following receipt of your completed enrollment form and payment of the required premium.

Who May Enroll

We are offering you an opportunity to participate in the Hartford Life and Accident Insurance Company Term Life Insurance Plan. This valuable coverage is designed for members of The Arc with an intellectual and developmental disability. This benefit represents our continuing effort to provide broader and more beneficial assistance for members of The Arc. As long as you are under age 60, are a citizen or legal resident of the United States, are not hospitalized, do not live in an Institution or are not disabled due to an Injury or Sickness (excludes intellectual and developmental disability), acceptance is guaranteed.

This insurance should not replace any life insurance you currently have.

A Membership Service of:



Administered By:



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

Questions?

1-800-503-9230
www.thearcinsurance.com

AR Insurance License #100102691
CA Insurance License #0G39709
In CA d/b/a Mercer Health & Benefits
Insurance Services LLC

Underwritten By:



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.

This brochure 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 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.

Since coverage is issued without medical underwriting, the premium rate being charged includes an extra mortality risk charge.

LI648P-1935
7/20

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

Copyright 2021 Mercer LLC. All rights reserved.