

THE AMERICAN PHYSICIANS INSURANCE TRUST

GROUP DISABILITY INCOME INSURANCE

PLAN HIGHLIGHTS

ELIGIBILITY – Practicing physicians under age 60, working a minimum of 30 hours per week (for four consecutive weeks), currently residing in the United States, and not a full-time member of any country's armed forces.

TOTAL DISABILITY – Total Disability refers to your own SPECIALTY. Benefits will be paid up to age 65 assuming you are under the care of a licensed physician, and are unable to perform the substantial and material duties of your specialty.

MONTHLY BENEFIT AMOUNTS – Up to \$10,000 monthly benefit for the applicants under age 50; up to \$7,500 monthly benefit age 50 – 54; and up to \$5,000 monthly benefit for applicants 55 – 64 (up to 60% of your Basic Monthly Pay can be insured). The company cannot reduce your monthly benefit until you turn age 65 at which time your monthly benefit will be reduced to \$1,000 with your rates being reduced accordingly. Coverage terminates at age 70.

BENEFITS – Monthly benefits are paid to age 65 if Total Disability commences prior to age 63 and are paid for two years if the Total Disability begins at age 63 or older. Benefits will begin after a 90-day Waiting Period. Benefits reduce to \$1,000 a month at age 65 with an appropriate adjustment in premium. Any reduction in coverage will not apply to any period of continuous Total Disability that began prior to the effective date of the reduction. Coverage will terminate at age 70.

WAITING PERIOD – In the event of a Total Disability, benefits will be paid following a Waiting Period of 90 days.

REDUCTION IN MONTHLY BENEFITS – On the Premium due date on or next following the date you attain age 65, the monthly benefit will be reduced to \$1,000 with an adjustment to premium.

WAIVER OF PREMIUM PROVISION – The policy will waive the premium due after you have been Totally Disabled for 6 months. The premium will be waived until the Total Disability Benefit is no longer payable.

EFFECTIVE DATE – Your coverage will become effective on the first of the month following your acceptance into the plan and first premium payment. If you are not actively at work on your Effective Date, your policy will become effective when you have been actively at work for 90 days.

BASIC MONTHLY PAY – Basic Monthly Pay 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. If you are not self-employed, Basic Monthly Pay means 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.

LIMITATIONS -- If you are Totally Disabled due to mental illness, alcoholism, or substance abuse, the Maximum Payment Period will be reduced to 2 years during your lifetime unless you are confined in a hospital or other institution licensed to provide care and treatment for that Total Disability.

UNDERWRITING COMPANY – The policy is underwritten by Hartford Life and Accident Insurance Company, Simsbury, CT 06089.

TO APPLY FOR COVERAGE – In order to apply, please complete and return the enclosed application.

More Highlights on Reverse Side



Policy Form #SRP-1311 A (HLA) (5474) - 1
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THE AMERICAN PHYSICIANS INSURANCE TRUST

GROUP DISABILITY INCOME

CONTINUATION OF PLAN HIGHLIGHTS

EXCLUSIONS – This Policy does not cover any Total Disability or loss caused by: intentionally self inflicted Injury, suicide or attempted suicide, while sane or insane; pregnancy or childbirth except Complications of Pregnancy; war or act of war, whether declared or not; any Sickness or Injury for which workers' compensation benefits are paid, or may be paid if duly claimed; any Injury sustained while riding on, boarding or alighting from any aircraft: a) as a pilot, crew member or student pilot; b) 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 c) being used for tests experimental purposes, stunt flying, racing or endurance tests; Your commission or attempted commission of a felony; Sickness contracted or Injury sustained while on full-time active duty as a member of the Armed Forces (land, water, air) of any country or international authority. We will refund the pro rata portion of any premium paid by You while You are in the Armed Forces on full-time active duty for a period of two months or more. Written notice must be given to Us within 12 months of the date You enter the Armed Forces.

TERMINATION – Coverage terminates on the earliest to occur of: the date the Policyholder withdraws its sponsorship of, or cancels, this policy; or the premium due date on or next following the date you: a) cease to be an active participant of the American Physicians Insurance Trust; or b) attain age 70; or c) cease to be Actively-at-Work (at least 30 hours per week), except due to Total Disability covered by this policy; or the premium due date the required premium contribution is not made, subject to the Grace Period; or the date the policy terminates.

SUCCESSIVE AND CONCURRENT DISABILITIES: Periods of Total Disability separated by at least 6 months during which You are Actively at Work, will be considered separate Periods of Total Disability. Benefits during any Period of Total Disability as the result of more than one Sickness, or more than one Injury, or both Sickness and Injury, are considered Concurrent Disabilities and will be considered the same as if the Total Disability resulted from only one cause.

30 DAY RIGHT TO EXAMINE CERTIFICATE – The insured has a 30 day right to examine the Certificate of Insurance. The certificate may be returned within 30 days of the effective date and all premiums, minus any claims paid, will be refunded.

ACCEPTANCE INTO PLAN: 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/test requested by the company will be conducted at your convenience and at no expense to you.

This plan is offered exclusively by the: American Physicians Insurance Trust
2945 Townsgate Rd, Suite 340, Westlake Village, CA 91361
Telephone: (866) 750-6053 Fax: (805) 494-5018

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, American Physicians Insurance Trust. This program may vary and may not be available to residents of all states.

National Employee Benefit Companies, is the Plan Administrator that administers the insurance plan on behalf of the Hartford Life and Accident Insurance Company for the benefit of the Group Policyholder. National Employee Benefit Companies and American Physicians Insurance Trust, are compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company.



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