

# 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 means disability which during the Elimination Period and the 60 months during which Total Disability Benefits are payable, wholly and continuously prevents you from performing the essential duties of Your Occupation. "Your Occupation" is defined as the general or sub-specialty in which You are practicing.

**MONTHLY BENEFIT AMOUNTS** – Monthly benefits between \$1,000 to \$4,000 are available. The monthly benefit chosen may not exceed 60% of the insured's Pre-Disability Earnings. Coverage is reduced to 50% at age 65.

**BENEFITS** – Benefits are payable for up to five years for disabilities incurred prior to age 66; four years for disabilities incurred at age 66; three years for disabilities incurred at age 67; two years for disabilities incurred at age 68.

**ELIMINATION PERIOD** – In the event of a Total Disability, benefits will be paid following an Elimination 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 by 50% with an appropriate adjustment in 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.

**PRE-DISABILITY EARNINGS** – Pre-Disability Earnings 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, Pre-Disability Earnings 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 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 #GBD-1000 A (AGP-5853)  
Printed in U.S.A.

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

# THE AMERICAN PHYSICIANS INSURANCE TRUST

## GROUP DISABILITY INCOME

### CONTINUATION OF PLAN HIGHLIGHTS

**EXCLUSIONS** – This Policy does not cover any 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 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 Disability separated by at least 6 months during which You are Actively at Work, will be considered separate Periods of Disability. Benefits during any Period of 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 disability resulted from only one cause.

**TOTALLY DISABLED-DISABLED AND WORKING:** You are considered Disabled and Working if you are prevented by Injury, Sickness, mental illness, substance abuse, or complications of pregnancy from performing some but not all of the essential duties of your occupation and you are working on a part-time basis resulting in a loss of income between 20% and 80% of your Pre-Disability Earnings. "Disability" or "Disabled" for purposes of receiving benefits under the policy means either Totally Disabled or Disabled and Working.

**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.