



Up to \$20,000* No-Cost-To-You Accidental Death Insurance For AFSCME Members

Now you can take advantage of up to \$20,000 of no-cost-to-you accidental death insurance coverage, provided by Union Privilege, simply by being a AFSCME member.

Complete the activation form below and you'll receive:

- ★ \$10,000* of coverage for death due to a covered accident at home, at work or while commuting or traveling anywhere in the world.
- ★ PLUS \$10,000* of **additional coverage** due to death from a covered accident in your workplace.

There's no charge or commitment required for you to receive this coverage. Plus, it will pay regardless of any other insurance you may already have. Get your \$20,000 no-cost-to-you coverage today!

For further information regarding this plan (including exclusions, limitations, reduction of benefits, and terms of coverage,) please see the back of this form.

*At age 70, or if you are already 70, benefits reduce by 50%.

John B. Wigle License # 0482924

(Detach here, and keep the information above (including exclusions, limitations and terms of coverage) for your records).

INS-CV (11/12)



Accidental Death Insurance Activation Form for \$20,000* No-Cost-To-You Coverage

YES, enroll me in the Accidental Death Insurance at NO COST TO ME

Policy #ADD-9920

First Name _____ Last Name _____
 Your Date of Birth _____ Home Phone Number (Required) _____
 Beneficiary _____ Relationship _____
 Union Name **AFSCME** Local Union Number _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Email Address (Optional) _____ Yes, email me updated Union Plus Insurance products information
 Yes, email me updates about other Union Plus programs

I understand that I have no obligation to pay for the no-cost-to-me coverage. Coverage goes into effect on the first of the month following receipt of this Activation Form by the Administrator. I understand that the no-cost-to-me coverage will terminate on the date I have been covered for 12 months; at that time I can re-enroll for another 12 month period of no-cost-to-me coverage. *I understand that at age 70, or if I am already 70, benefits reduce by 50%.

Signature _____ Date _____
 (required) (required)

Promo code 73556

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INS-CV (11/12)

Company Policyholder: AFL-CIO Mutual Benefit Fund

In CA: Association Group Insurance Administrators, License # 0155705.

Underwritten by: Hartford Life and Accident Insurance Company, Simsbury, CT 06089

Coverage paid for by Union Privilege.

Questions? Call 1-866-557-5209 8 a.m. - 7 p.m. EST, Mon. - Fri. (Se habla español) or visit UnionPlusInsurance.com

Mail to: Union Plus Insurance Program, PO Box 47060, Phoenix, AZ 85068-7060

Accidental Death Details of Coverage

Eligibility - All active members, associate members, former members, employees and retirees, who reside in the United States are eligible to enroll for coverage.

Effective Date - Your coverage becomes effective the first of the month following our receipt of your activation form.

Termination - Your coverage will terminate if the Master Policy is terminated, the date you are no longer a resident of the United States; or the date Union Privilege terminates coverage or ceases to pay the required premium. Coverage will terminate on the date you have been covered for 12 months. At that time you can re-enroll for another 12 month period of no-cost-to-you coverage.

Exclusions - The policy does not cover any loss caused or contributed by: 1. intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane; 2. war or act of war, whether declared or not; 3. Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft; 4. Injury sustained while On any aircraft: a) as a pilot, flight instructor or examiner - except while performing the duties of a pilot or crew-member of a commercial aircraft; b) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy; 5. Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician; 6. Injury sustained while committing or attempting to commit a felony; or 7. Injury sustained while intoxicated. Intoxicated means: 1) the blood alcohol content; 2) the results of other means of testing blood alcohol level; or 3) the results of other means of testing other substances; that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

24 HOUR ACCIDENTAL DEATH BENEFIT: If your Injury results in loss of life within 365* days after the date of accident, we will pay the \$10,000 Principal Sum Amount. *The 365 day loss period is not applicable for Loss of Life for residents of Pennsylvania. The Accidental Death Benefit will be paid in accordance with the Beneficiary Designation Provision of the Policy.

Limitations - You cannot be covered under more than one Certificate or Policy which contains a Basic Plan of Accidental Death Insurance issued by us to the Policyholder.

ACTIVELY AT WORK ACCIDENTAL DEATH BENEFIT: If you sustain an Injury while Actively at Work, and such Injury results in loss of life within 365 days* after the date of accident, we will pay the \$10,000 Principal Sum Amount in addition to the 24 Hour Accidental Death Benefit. *The 365 day loss period is not applicable for Loss of Life for residents of Pennsylvania.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master Policy ADD-9920 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 the 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 to residents of all states.

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

THIS IS LIMITED ACCIDENT ONLY COVERAGE. Coverage is paid for by Union Privilege. No union member dues or contributions are used for this promotion, program or any other related expenses.

Underwritten by: Hartford Life and Accident Insurance Company, Simsbury, CT 06089

AGIA, Inc. 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.

Administered by: Association Group Insurance Administrators,
PO Box 47060, Phoenix, AZ 85068-7060
Policy Form #7582 A2 (9920)/Policy# ADD-9920

Union Privilege is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company, in addition to other compensation it may receive.

This is a participating group policy under which dividends and/or experience credits may be paid to the group policyholder.



**THE
HARTFORD**