

# Earnings Guard Insurance Coverage AGP-5605

## Summary of Coverage and Activation Form



Underwritten by:  
Hartford Life and Accident Insurance Company  
Hartford, CT 06155

### What is Earnings Guard Coverage?

Earnings Guard Coverage is a Guaranteed Issue Disability Income Insurance policy. It provides 24-hour-a-day protection worldwide for covered accident only disabilities. Benefits are paid regardless of any other insurance you may have, and is available to ACEP members, employees, spouses or domestic partners under age 65 who are actively working (25+ hours per week), and are residents of the United States. This is a Guaranteed Issue policy – no medical or additional information is required.

**Benefit Limits:** Each insured may be covered for a monthly benefit amount selected - \$2,000 or \$3,000

**Benefit Period:** Will pay up to two years on one claim.

**Waiting Period:** From start of total disability until benefits begin can be 60 or 90 days – you choose.

**Policy Age Limit:** Age 70

### It's Easy to Activate Your Coverage!

1. Choose the appropriate benefit amount and waiting period.
2. Complete all sections below; be sure to sign where indicated.
3. Return the completed form to HBI, the Administrator for ACEP.

HBI Phone: 877-285-4445  
PO Box 1889  
Sioux Falls SD 57101

To activate coverage, please complete, detach and return the bottom portion to HBI

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Member Name: _____	Is Spouse Coverage Desired? _____ Yes _____ No
Date of Birth: _____	(If yes, complete spouse information below.)
Occupation: _____	Spouse Name: _____
Address: _____	Date of Birth: _____
	Occupation: _____

### Member Plan Option:

Select the benefit amount and waiting period of your choice. Premiums are annual.

	60 Day Waiting Period	90 Day Waiting Period
\$2,000 Monthly Benefit	<input type="checkbox"/> (\$96.00 Annual Premium)	<input type="checkbox"/> (\$72.00 Annual Premium)
\$3,000 Monthly Benefit	<input type="checkbox"/> (\$144.00 Annual Premium)	<input type="checkbox"/> (\$108.00 Annual Premium)

### Spouse Plan Option:

Select the benefit amount and waiting period of your choice. Premiums are annual.

	60 Day Waiting Period	90 Day Waiting Period
\$2,000 Monthly Benefit	<input type="checkbox"/> (\$96.00 Annual Premium)	<input type="checkbox"/> (\$72.00 Annual Premium)
\$3,000 Monthly Benefit	<input type="checkbox"/> (\$144.00 Annual Premium)	<input type="checkbox"/> (\$108.00 Annual Premium)

Billing Mode Choices: (No service charges apply no matter which billing mode you choose)

Monthly Automatic Withdraw from Bank Account (please provide "voided" check or Bank Acct. Info)

Monthly Bill       Quarterly Bill       Semi-Annual Bill       Annual Bill

I hereby request coverage under the Earnings Guard Accident Disability Income Insurance Plan. I represent that I am under age 65, work at least 25 hours a week and that the statements above are true and complete to the best of my knowledge and belief and are binding on any person. By selecting coverage under this plan, I recognize that the benefit amount cannot exceed 70% of my regular pay.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Form SRP-1311 A (HLA)  
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