



Office of the Administrator
P.O. Box 14464
Des Moines, IA 50306-8993

**Reserve Officers Association of the United States
Serving You While You Serve Your Country**

Dear ROA Member,

Thank you for requesting information regarding ROA's Accident Disability Income Insurance Plan (IncomeShield Plan). **IncomeShield** is an offer designed by ROA for ROA members. And this is your opportunity to be a part of it. (It's not available to the general public.)

As an ROA member in good standing who works for a living, you may need disability coverage to help protect your income if something happens to you. IncomeShield is an accident disability insurance plan that would pay you monthly benefits if you're Injured in a covered accident and unable to work.

- **You're GUARANTEED ACCEPTANCE.** As long as you're under age 65, a resident of the United States, and are Actively-at-Work at least 25 hours per week, you're in, *no matter your current health condition*. Your spouse is also **GUARANTEED ACCEPTANCE** as long as they are under age 65, reside in the United States, are not legally separated or divorced from you, and are Actively-at-Work at least 25 hours per week.
- **Your rate will not increase because of your age.** With IncomeShield, you'll pay the same rate *up to age 65*.
- **You'll pay an affordable group rate.** For example, a \$4,000.00 monthly benefit, with a 30 day waiting period, costs \$18.00 a month.
- **You'd collect cash benefits each month** you're Totally Disabled from a covered accidental Injury for up to TWO FULL years! Benefits will be paid directly to you, to use however you want.

- **You would be eligible for benefits if you are Totally Disabled.** With IncomeShield, you would collect cash benefits if you can't work at your usual job *even if* you can do a different type of work.

Please take advantage of IncomeShield. Simply complete and mail your ACCEPTANCE Form.

Do NOT send money now. When I receive your Acceptance Form, I'll send you a Certificate of Insurance. Take 30 days and review it. If you like it, only then pay your premium. If not, do nothing. **There's no obligation.**

One of the biggest risks you may face today is leaving your income unprotected if something happens to you. Think about how much your family depends on your income.

I urge you to take advantage of this offer from ROA. Return your IncomeShield ACCEPTANCE Form. You'll be glad you did.

Sincerely,



Anthony A. Baldus, Principal
Mercer Health & Benefits Administration LLC
ROA Insurance Plans Administrator
License #8704140

P.S. This is your chance to be part of an ROA-endorsed offer and at the same time, help protect your income from a disabling accidental injury. There's **NO OBLIGATION** and you're **GUARANTEED ACCEPTANCE**. Send in your ACCEPTANCE Form today.

Please read the enclosed materials for important information (including costs, exclusions, limitations and terms of coverage) for your ROA - Sponsored Coverage.

Disability Income Form Series includes SRP-1311, or state equivalent.

ROA - Endorsed Accident Disability Income Insurance Plan (IncomeShield) Acceptance Form



To Enroll:

Send this completed form to:

ADMINISTRATOR

ROA GROUP INSURANCE PROGRAM
P.O. Box 14464
Des Moines, IA 50306-8993

QUESTIONS?

Call: 1-800-247-7988
E-Mail: roa.service@mercer.com

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____



**THE
HARTFORD**

Underwritten by:

Hartford Life Insurance Company
Hartford, CT 06155

YES! I want IncomeShield protection for: (Please check the monthly benefit level.)

Myself: \$2,000.00 (22A1) \$3,000.00 (33A1) \$4,000.00 (44A1) \$5,000.00 (55A1)

Spouse: \$2,000.00 (22A5) \$3,000.00 (33A5) \$4,000.00 (44A5) \$5,000.00 (55A5)

(Note: Member must enroll for coverage in order for spouse to enroll. You and your Spouse's monthly benefit level cannot exceed 70% of your Basic Monthly Pay.)

1. Please complete:

Phone Numbers _____ E-Mail Address _____

Home _____ Date of Birth _____
(Mo./Day/Yr.)

Work _____ ROA Member Number _____

2. If enrolling for spouse, complete the following:

Spouse Full Name _____ Birth Date _____

3. Read, Sign, and Date:

I hereby enroll with Hartford Life Insurance Company, for coverage under the ROA Accident Disability Income Insurance Plan (IncomeShield). I have read and I understand the conditions and exclusions of the program. I certify that I am under age 65 and Actively-at-Work at least 25 hours a week and the monthly benefit does not exceed 70% of my Basic Monthly Pay. I certify that the statements above are true and complete to the best of my knowledge and belief and are binding on any person. I understand that my coverage will become effective upon the first day of the month following the Administrator's receipt of the Acceptance Form and my first premium payment.

Signature X _____ Date X _____

Spouse Signature X _____ Date X _____

(If applying)

SEND NO MONEY NOW!

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

Disability Income Form Series includes SRP-1311, or state equivalent.

AGP-5222

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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.

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** _____

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Accident Disability Income Insurance Plan (IncomeShield) Benefits Guide



A disabling Injury can be more financially damaging than death. That's why ROA developed an EXCLUSIVE offer to help protect your income and other assets. **The ROA-sponsored IncomeShield offer is specifically designed for members like you who work.** It's not available to the general civilian public!

The IncomeShield Plan is an accident disability insurance plan that helps protect your income by paying you monthly benefits if you are Totally Disabled from a covered accident and are unable to work and collect a paycheck.

This valuable plan offers you the following:

Guaranteed Acceptance

As an ROA member in good standing under age 65 and is Actively-at-Work at least 25 hours per week, your **acceptance is guaranteed.** You cannot be turned down! To request your protection, all you need to do is complete and return your ACCEPTANCE Form. That's all there is to it - no medical questions, physical exams, or blood work is needed.

Plus, your spouse under age 65 who is Actively-at-Work at least 25 hours per week, and is not legally separated or divorced from you can have the same protection that you have, because he or she is **guaranteed acceptance, too.**

This coverage is available only for residents of the United States excluding ID, MD, MT, NM, NY, OR, WA and WV.

If you own your own business and have employees, you can also secure coverage for them. (Please call the Plan Administrator for details on how this works.)

Pays Monthly Cash Benefits

If you become Totally Disabled from a covered accident, IncomeShield will pay you monthly cash benefits based on the benefit amount you select. You can choose monthly benefit amounts from \$2,000.00 up to \$5,000.00 in \$1,000.00 increments. (Please note: Your benefit amount just needs to be less than 70% of your Basic Monthly Pay.)

Waiting Period

With IncomeShield, you'll receive your benefit amount after 31 days of Total Disability. And it will keep paying for up to two years as long as you remain Totally Disabled.

Affordable Price

Thanks to the group purchasing power of 60,000 ROA members, you pay an economical price. For example, the \$4,000.00 monthly benefit with a 30-day Waiting Period is \$18.00 a month. Try to find this affordable rate on your own!

See the chart below for competitive group rates:

<u>Individual Monthly Benefit Amount</u>	<u>Monthly Rate</u>
\$3,000.00	\$13.50
\$4,000.00	\$18.00
\$5,000.00	\$22.50

Rates and/or benefits may be changed on a class basis. Rates listed are for a Waiting Period of 30 days.

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.

Rates DO NOT Increase With Age

Your rates listed in the chart above are not based on age. That means your rate will not increase with age.

Pays Benefits for "Total Disability"

IncomeShield will pay you monthly benefits if you are Totally Disabled due to a covered accident and unable to wholly and continuously perform substantial and material duties of your usual job – even if you are able to do a different type of work.

When Coverage Begins

Your coverage will become effective on the first of the month after we receive your signed Acceptance Form and premium payment. (If you are not Actively-at-Work on that date, coverage will become effective on the first day of the month on or next following the date you are Actively-at-Work for three consecutive months.)

Termination

Your coverage will then remain in effect as long as you are an ROA member, pay your premiums when due, you remain employed a minimum of 25 hours per week, (except due to a disability covered by the Master Policy), are under age 70 and the Master Policy is in force.

Your Spouse's coverage will remain in effect as long as they remain eligible, your coverage remains in force, premiums are paid, and the Master Policy is in force.

If you die and have coverage for your spouse, your spouse can continue this coverage as long as he or she remains eligible. (See your Certificate of Insurance for additional information.)

Exclusions

This plan does not cover: intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane, war or act of war, whether declared or not, any Injury sustained while riding on, boarding or alighting from, any aircraft as a pilot, crew member or student pilot; 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 being used for tests, experimental purposes, stunt flying, racing, endurance tests, the commission or attempted commission of a felony by the Covered Person; Sickness or disease; Injury sustained while on full-time active duty as a member of the Armed Forces (land, sea or air) of any country or international authority.

Basic Monthly Pay means the Covered Person's regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation, in effect on the last day of Active employment prior to becoming Disabled.

Injury means bodily Injury which results directly and independently of all other causes from an accident.

Concurrent and Successive Periods of Disability: due to the same or related medical causes; and separated by less than 6 months during which the Covered Person is Actively-at-Work; will be considered one Period of Disability. Benefits during any Period of Disability as the result of more than one accident will be considered the same as if the disability resulted from only one cause.

This Benefits Guide 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 the Hartford Life 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 IS LIMITED ACCIDENT ONLY COVERAGE

Administered by:



Mercer Consumer,
a service of Mercer Health & Benefits Administration LLC
P.O. Box 14464
Des Moines, IA 50306-8993

QUESTIONS?

Call: 1-800-247-7988
Web: www.roainsure.com

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

Underwritten by:



**THE
HARTFORD**

Hartford Life Insurance Company
Hartford, CT 06155

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

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Disability Income Form Series includes SRP-1311, or state equivalent.

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