

Earnings Guard Coverage

Summary of Coverage and Activation Form



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

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 accident only disabilities. Benefits are paid in addition to 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 Hagan Benefits, Inc., the Administrator for ACEP.

Hagan Benefits Inc.

Phone: 800-456-0737

PO Box 5090

Fax: 605-334-0556

Sioux Falls SD 57117-5090

e-mail: jgries@hagangroup.com

To activate coverage, please complete, detach and return the bottom portion to Hagan Benefits, Inc.:

Member Name: _____
 Date of Birth: _____
 Occupation: _____
 Address: _____

Is Spouse Coverage Desired? __Yes __No
 (If yes, complete spouse information below.)
 Spouse Name: _____
 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)

Monthly Bill Quarterly Bill Semi-Annual Bill Annual Bill

Credit Card (for annual premium only, please – please complete enclosed Authorization Form)

I hereby request coverage under the Earnings Guard 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 (minus any benefits payable under Worker's Compensation).

Member Signature: _____

Date: _____

Spouse Signature (if applicable): _____

Date: _____