



Coverage Overview of Your  
**Long-Term Disability  
Income Insurance**

*Disability Insurance Made Easier!*



# More Disability Benefits To Make Your Coverage Even More Powerful—At No Extra Cost!

## Program Details

### Eligibility

If you have been a real estate professional for at least six months, are under age 60, an active member of your state Realtor®, reside in the U.S., are actively at work at the time of application, and your last 1099 statement reflected at least \$30,000 or more in real estate transactions, you are eligible to apply for this coverage.

### Maximum Issue and Participation Limits

You may choose a monthly Benefit amount from \$100 to \$5,000 in \$100 increments. However, the benefit amount you select must be 60 percent or less than your basic monthly income when it is combined with your other disability income policies.

### Maximum Payment Period

Total Disability	Maximum Payment Period
Thru age 62	5 years
Age 63-65	2 years

Note: If you are Totally Disabled due to mental or nervous disorders, alcoholism, or drug abuse, the Maximum Payment Period will be reduced to one year during your lifetime unless you are confined in a hospital or other institution licensed to provide care and treatment for that disability.

### Total Disability Defined

Total Disability means a disability which:

- during the Waiting Period and the first 24 months that Total Disability Benefits are payable, wholly and continuously prevents an Insured Person from performing the substantial and material duties of his or her usual occupation; and
- after that, wholly and continuously prevents an Insured Person from engaging in any and every occupation or employment for which he or she is reasonably suited by training, education, or experience.

### Basic Monthly Pay Defined

An Insured Person's regular monthly rate of pay including commissions but not counting bonuses, overtime pay or any other fringe benefit or extra compensation, in effect on the last day of active employment prior to becoming Disabled. Commissions will be averaged for the lesser of the 24 month period of employment just prior to the date disability begins or the period of employment.

With respect to an Insured Person who is compensated via IRS Form 1099, Basic Monthly Pay means an Insured Person's average monthly earnings based on the lesser of: the prior two calendar year's 1099 earnings derived from real estate transactions; or the period of employment.

### Period of Disability Defined

Period of Disability means a continuous length of time during which the Insured Person is disabled under this plan.

### Actively at Work Defined

Actively at work means the insured person is performing all the regular duties of an occupation for wage or profit on a full-time basis (at least 25 hours per week).

## Additional Benefits

### Partial Disability Benefit

If you return to work after a covered disability that began before age 65, you will be entitled to a Partial Disability Benefit if:

- The disability continues while you are performing at least one material duty as a real estate professional, on either a part-time or full-time basis.
- Your current average earnings after the disability ends are at least 20 percent and less than 80 percent of your pre-disability average earnings.
- You are under the regular care of a physician.
- The disability is a result of the same injury or sickness that caused the Total Disability.

### Monthly Benefit Amount (subject to income verification at time of application)

The amount elected, subject to a minimum of \$200.00, but not to exceed \$5,000.00 per month, in \$100.00 increments under age 60.

The Monthly Benefit Amount payable will be subject to the Offset Provision stated below.

**Offset Provision:** The benefit amount payable as the result of the Insured Person's Total Disability will be the lesser of:

- the Monthly Benefit Amount; or
- 60% of the Insured Person's basic monthly pay minus:
  - any Other Income Benefits, including Social Security Benefits and those for which the Insured Person could collect but did not apply;

However, if the Insured Person's Monthly Benefit Amount would reduce to less than \$50.00 per month due to Other Income Benefits, then the minimum Monthly Benefit Amount under this benefit will be \$50.00 per month.

### Rehabilitative Employment Benefit

This feature can pay the expenses of a personalized rehabilitation program, including the cost of retraining, job placement, medical assessment, and modifications to your practice. The Monthly Benefit amount paid will be equal to your Monthly Benefit amount, less 50 percent of any income received from the Rehabilitative Employment.

The sum of the Monthly Benefit amount and income received from Rehabilitative Employment may not exceed 100 percent of your pre-disability monthly income.

### Waiver of Premium

Your coverage will remain in effect without premium payments after a Total Disability that continues for six months. Premium payments will resume when the accident and sickness Total Disability Benefit is no longer payable.

### Successive Disabilities

Successive or "related" disabilities will be considered as one period of Total Disability unless separated by six months of active, full-time work. In other words, if you go back to work after a covered Total Disability, your disability benefits can resume with no waiting period if you become disabled again after being back to work less than six months. If you are back to work six months or more, you will need to satisfy your waiting period again before your disability benefits can resume. The related disability must result from the same injury or sickness that caused your original disability.

### Concurrent Disabilities

During your Period of Disability, if benefits are paid as a result of more than one sickness, more than one accident, or both sickness and accident, the disability will be treated as if it resulted from only one cause.

## Quarterly Premium Rates

Choice of Waiting Periods before benefits begin (Per \$100 Monthly Benefit).

Quarterly Disability Income Rates				
Age	60 Days	90 Days	180 Days	365 Days
Under 30	\$ 6.24	\$ 4.23	\$ 3.21	\$ 2.73
30-34	\$ 7.23	\$ 4.86	\$ 3.81	\$ 3.33
35-39	\$ 8.01	\$ 5.37	\$ 4.35	\$ 3.87
40-44	\$ 9.69	\$ 6.51	\$ 5.43	\$ 4.86
45-49	\$12.51	\$ 8.49	\$ 7.17	\$ 6.45
50-54	\$17.52	\$12.03	\$10.35	\$ 9.36
55-59	\$29.46	\$20.58	\$18.09	\$16.47
60-64*	\$32.01	\$22.41	\$17.91	\$13.53

Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

Rates and/or benefits may be changed on a class basis.

\*Premiums for persons age 60 to 64 are for renewal purposes only.

## Answers to Your Questions About Applying for this Coverage

### How do I select a waiting period?

When you become disabled, you have to wait a certain number of days before you are entitled to collect disability benefits. You should base your decision on two factors:

- (1) how the waiting period affects the premium you pay; and
- (2) how long you could live off your savings without receiving disability benefits.

### How much coverage should I choose?

You may choose a monthly benefit amount from \$100 to \$5,000 in \$100 increments. However, many insurance experts recommend the following monthly benefit guidelines:

If your Annual Income is:	Your Monthly Disability Benefit should be:
\$30,000	\$1,500
\$35,000	\$1,750
\$45,000	\$2,250
\$55,000	\$2,750
\$65,000	\$3,250
\$75,000	\$3,750
\$85,000	\$4,250
\$100,000	\$5,000

See Rates on Previous Page.

### Why is this important?

This 60% ratio reflects the sum total of all your disability policies, which is why we request this additional information from you.

### How do I apply?

To apply for Long-Term Disability Income Insurance, follow these four easy steps:

1. Complete the entire application. Please print neatly or type your information into the form.
2. Make sure you indicate the waiting period and monthly benefit amount you wish to apply for.

3. Determine your quarterly premium by multiplying the rate listed in the table below for your age and desired waiting period by the number of benefit units you want.

#### Example:

For a 40-year-old, a \$1,500 monthly benefit with a 90-day waiting period would have a quarterly premium of \$97.65.

$$\$6.51 \times 15 = \$97.65$$

$$\text{Rate} \times \text{Units} = \text{Quarterly Premium}$$

4. Mail the application along with a check for your first quarterly premium to:

Pearl Insurance  
1200 East Glen Avenue  
Peoria Heights, IL 61616

## Health Questions

### I've had a few health problems in the past. Does this mean I won't qualify?

Depending on your situation, you may still qualify for coverage—even with some health problems in your past.

If you've experienced a problem and answer "Yes" to any of these questions, please explain the details of the situation in the space provided.

Upon an underwriting review, a decision will be made on your unique situation.

We encourage everyone to apply for this coverage—regardless of health history.

## Exclusions and Limitations

### General Exclusions

This Policy does not cover 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 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,

\*AIDS Related Complex (ARC) is a condition with signs and symptoms which may include generalized lymphadenopathy (swollen lymph nodes), loss of appetite, weight loss, fever, oral thrush, skin rashes, unexplained infections, dementia, depression, or other psychoneurotic disorders with no known cause. "Disorder of the Immune System" includes the hyperimmune conditions, disorders of gammaglobulin synthesis (hypogammaglobulinemia) of white blood cell production and maturation, and the immune-deficiency disorders both congenital and acquired. Also included in disorders of immunity are lupus erythematosus, Grave's Disease, rheumatoid arthritis, primary biliary cirrhosis, and others.

experimental purposes, stunt flying, racing, or endurance tests; the commission or attempted commission of a felony; or 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, except for training purposes of two months or less shall not, for the purposes of this exclusion, constitute service in the armed forces of any country.

### Renewal

This coverage is automatically renewed by paying the renewal premium applicable for your particular age.

### Termination

Coverage will end only if you do not pay this premium within the grace period, reach age 65, cease to be actively engaged full-time in your process, cease to be a member of your State Realtor® association, or the group policy is terminated.

### Effective Date

Coverage becomes effective on the first day of the month following the date The Hartford approves your application and the premium is paid.

### Deferred Effective Date

If an Eligible Member is to become:

- a) covered under the Policy; or
  - b) covered for increased benefits under the Policy;
- and is not Actively at Work on that date, he or she will not be so covered until the first day of the month on or next following the date he or she is Actively at Work for 3 consecutive months.

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/ tests requested by the company will be conducted at your convenience and at no expense to you.

## Notice of Insurance Information Practices

In order to properly underwrite and administer your application for insurance coverage, we must collect certain information concerning your insurability. You are our most important source of information, but we may also contact other sources such as medical professionals and institutions, employers and other insurance companies. While all information regarding your insurability will be treated as confidential, in some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization.



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Notice: 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 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.

AGP-5206

## INVESTIGATIVE CONSUMER REPORTS

As part of our procedure for processing your application, an investigative consumer report may be prepared by an outside insurance reporting organization. Personal information may be collected from others regarding your general reputation and lifestyle. If an interview is conducted with someone other than you, we will inform you of your right to be interviewed in connection with the preparation of the investigative consumer report. You have the right to send a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

## PERSONAL HISTORY INTERVIEW

To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

## MEDICAL INFORMATION BUREAU (MIB) PRE-NOTICE

Information regarding your insurability will be treated as confidential. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Hartford Life Insurance Company, Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## ACCESS, CORRECTION AND DISCLOSURE

You can obtain access to personal information about you contained in our policy files by sending us a written request. You may also request any necessary corrections, amendments or deletion of any information in our files which you believe to be inaccurate or irrelevant. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may release information in their files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Also, please be advised that personal and confidential information collected by us may, in certain circumstances, be disclosed to third parties without authorization. A notice providing further description of the circumstances under which information about you may be disclosed and the types of persons and organizations to whom it may be disclosed will be sent to you upon your written request. If you desire further information or access to your personal information, please send your written request to: Hartford Life Insurance Company or Hartford Life and Accident Insurance Company, 200 Hopmeadow St., Simsbury, CT 06089.

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