

LTD

Long Term Disability Insurance



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

G E B A

Government Employees' Benefit Association, Inc.

Main Address
9800 Savage Road
OPS 2A (VCC Rm. 201)
Fort Meade
Maryland 20755-6104

Mailing Address
P.O. Box 206
Annapolis Junction
Maryland 20701-0206

Phone: (800) 826-1126 or (301) 688-7912
Fax: (301) 688-6694
Web: www.geba.com
Email: geba@geba.com

*See enclosed Long Term Disability Terms and Conditions.
Not available in all states.*

Serving Our Members For

50

YEARS

1957 - 2007

Policy # AGP-5610

Long Term Disability

What is Long Term Disability Insurance?

GEBA's Long Term Disability Insurance Plan provides you and your family with a monthly income in the event you or your working spouse become disabled due to an accident or illness.

Why do I need it?

Over 3 in 10 workers entering the work force today will become disabled before retiring.* GEBA's Long Term Disability Insurance ensures that if you do become disabled, there will be money to help replace your lost income and pay your bills.

What are the Benefits and Features?

- Monthly benefit amounts up to \$5,000 or 67% of your gross monthly salary, whichever is less
- Benefits are non-taxable and replace lost income on a dollar-per-dollar basis up to the policy maximum. Please consult with your tax advisor.
- Benefits are payable for as long as you remain disabled or until age 65.
- Waiver of premium after six months of eligible disability
- Flexible waiting periods (span of time between first day of treatment for disability and day upon which benefits begin) and coverage amounts make it easy to find a plan to meet your coverage needs while keeping premiums affordable.
- Survivor benefits are paid to the insured's designated beneficiary.
- Includes Partial Disability Benefits and Rehabilitation Benefits
- Benefits are protected from inflation. After 12 consecutive months, the cost of living adjustment will be made each year on January 1
- Minimum monthly benefit amount of \$200 payable

Who is eligible?

All active members of the policyholder who are: (1) under age 60; and (2) citizens or legal residents of the United States, its territories and protectorates; and (3) actively at work; and (4) benefited employees of the United States Intelligence Community or military assigned to NSA-W and actively working spouses or domestic partners.

Actively at work means: You are performing all the essential duties of your occupation for wage or profit on a full-time basis - at least 30 hours per week

What is total disability?

During the elimination period and the first 24 months during which total disability benefits are payable, wholly and continuously prevents you from performing the essential duties of your occupation; and after that, wholly and continuously prevents you from engaging in any occupation.

How much does the coverage cost?

Premiums are based on the age of the insured, the monthly benefit amount, and the waiting period selected. Premiums increase as the member ages and moves into the next age bracket. See rate table for biweekly costs.

Flexible Payment Options

Premiums can be paid through payroll allotment (NSA & DIA employees only), automatic debit from a checking or savings account, or direct billing.

Underlying Insurance Provider

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

Coverage Termination

Coverage for you and your spouse will end on the earliest of policy cancellation, you cease to be an eligible member, attainment of age 70, you stop actively working (except due to a disability covered by the policy) or when you stop paying your premiums.

IF ENROLLING INTO LONG TERM DISABILITY DURING A GEBA OPEN ENROLLMENT PERIOD:

You're **GUARANTEED** to receive \$1,000 of monthly long term disability coverage.

REMEMBER: Regardless of the decision for additional coverage, you are **GUARANTEED** \$1,000 of monthly coverage if enrolling during an open enrollment.

Long Term Disability

Coordination of Benefits

In some circumstances, you may be eligible for disability benefits under other federal or state insurance benefit programs. The benefit amount payable as the result of the insured person's total disability will be the lesser of:

- (1) the monthly benefit;
- (2) 67% of the insured person's pre-disability earnings minus:
 - (a) any other income benefits, including those for which the insured person could collect but did not apply; and
 - (b) all other income from any employer or for any work.

However, if the insured person's monthly benefit would reduce to less than \$200 per month due to other income benefits, then the minimum monthly benefit under the policy will be \$200 per month.

What is my current monthly earning?

Your current monthly earnings include the following income made from:

- Your current employer
- other current employment

For our members working two or more jobs: While you are disabled and eligible for benefits, if the other employment is a job you held in addition to your job with your employer, then during any period that you are entitled to benefits for being disabled from your occupation, only the portion of your earnings that exceeds your average earnings from the other employer over the 12 month period just before you became disabled will count as current monthly income.

Are there any Exclusions and Limitations?

If you are totally disabled due to mental or nervous disorders, alcoholism or drug abuse, the maximum payment period will be reduced to 2 years during your lifetime unless you are confined in a hospital or other institution licensed to provide care and treatment for that disability.

If you cease to be totally disabled and return to work for a total of 14 days or less during the elimination period, the elimination period will not be interrupted. Except for the 14 days or less that you work, you must be totally disabled by the same condition for the total elimination period.

The policy does not cover any disability or loss caused by:

1. Intentionally self inflicted injury, suicide or attempted suicide, while sane or insane; or
2. Pregnancy or childbirth, except complications of pregnancy; or
3. War or act of war, whether declared or not; or
4. 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 services of a national government recognized by the United States; or
 - c) Being used for test, experimental purposes, stunt flying, racing or endurance tests; or
5. Your commission for attempted commission of a felony; or
6. 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. We will refund the pro rata portion of any premium paid for you while you are in the Armed Forces on full-time active duty for a period of two months or more. Written notice must be given to us within 12 months of the date you enter the Armed Forces.

Long Term Disability

How do I sign up?

All active civilian employees of the Intelligence Community, and contract and® military employees assigned to NSA “W” may apply for this coverage on behalf of themselves and their working spouse or domestic partner. **To apply for coverage under the plan, you must complete and sign an Application. If applying within the first 31 days of hire, or within a special Open Enrollment Period, and applying for monthly benefit amount of \$1,000 or less with a minimum waiting period of 90 days, you need not complete the section on medical information.**

When medical evidence of insurability is required and Hartford Life and Accident Insurance Company® evaluates your request, the state of health of the person or persons for whom insurance is requested is, of course, extremely important to us. Consequently, we need to ask you questions about the health and medical history of each person. In addition, we also request you to authorize any physician or hospital to provide us with reports at no charge to you, if necessary, about the health of each person. Any information obtained regarding a person’s insurability will be treated as confidential. However, it may be released to other life insurance companies to whom you apply for life or health insurance or for a claim.

You will need to complete an application, including some medical questions. The application is subject to medical underwriting and approval by the carrier. For New Hires within 31 days of hire, an abbreviated application can be used for a guaranteed issue of \$1,000 monthly benefit and either a 90 or 180-day waiting period. The underwriting process can take from 4 to 8 weeks depending upon whether the insurance company requests medical records or if medical testing is required. The insurance company pays for any medical records it requests and any medical testing required. Your effective date would always be the first of the month, or the first of the next pay period if paying premiums via payroll allotment, in which you are actively at work following approval by the insurance company.

Need additional forms?

Applications and Claim Forms can be obtained by calling the GEBA office at (301) 688-7912 or (800) 826-1126, stopping by the GEBA office at NSA, Ops 2A, VCC, Room 201, or via the internet at www.geba.com. Please return all forms via mail to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206. **We request you mail forms rather than fax them, please.**

What if my circumstances change? Can I change my coverage amount?

You may increase or decrease coverage amounts at any time. To increase a coverage amount, you must complete and sign a new Applications. All increases in coverage are subject to medical underwriting and medical testing, if necessary. To decrease a coverage amount, sign and complete a Reduction in Coverage Request Form.

How do I file a claim?

To file a claim, a Claim Form must be completed including the physician’s statement, supervisor or HR verification, and a copy of your most recent pay and earning statement.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy [or Master Policy AGP-5610 as actually issued. In the event of the discrepancy between this brochure and the policy, the terms of the policy still apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by 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.

Acceptance into this plan is subject to the 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.

Long Term Disability Terms and Conditions

Administrative Information: The following information along with the information contained in the Certificate of Insurance, comprises the Summary Plan Description under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, for the benefits described in the preceding Certificate of Insurance. This plan is insured by Hartford Life and Accident Insurance Company under a group contract issued to GEBA.

Important information concerning your plan is outlined below:

Name of Plan: GEBA Long Term Disability Insurance Plan

Plan Participants: The plan provides benefits for all members who elect to apply.

Name and Address of Plan Sponsor: Government Employees' Benefit Association, Inc., PO Box 206, Annapolis Junction, MD 20701, (301) 688-7912.

Plan Administrator and Agent for Service of Legal Process: Administrator, Government Employees' Benefit Association, Inc., PO Box 206, Annapolis Junction, MD 20701, (301) 688-7912.

For disputes arising under the insurance contract, service of legal process may be made upon Hartford Life and Accident Insurance Company® at one of its local offices or upon the Supervisory Official of the Insurance Department in the state in which you reside.

Plan Number: AGP #5610

Type of Plan: Long Term Disability Protection

Type of Administration: Insurer Administration, Hartford Plaza, 690 Asylum Avenue, Hartford, CT 06115

Plan Year: The plan's fiscal records are kept on a plan year which is the twelve month period beginning each August 1 and ending on the following July 31.

Contributions: The cost of the plan is paid for by employee contributions.

Details of the Plan: Consult your Group Insurance certificate for details of the plan regarding eligibility for participation, description of benefits, and disqualification, ineligibility or denial, loss, forfeiture, or suspension of benefits.

Claims Procedures

Procedures for Presenting Claims for Benefit: Claim forms needed to file for benefits under the group insurance program can be obtained from the Government Employees' Benefit Association, Inc. (GEBA) office who will also be ready to answer questions about the insurance benefits and to assist you or your beneficiary in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Usually, the completed claim form should be returned to GEBA who will certify that you are insured under the plan and will then forward the claim form to Hartford Life and Accident Insurance Company®.

When the claim has been processed, you or your beneficiary will be notified of the benefits paid. If any benefits have been denied, you or your beneficiary will receive a written explanation.

Requesting a Review of Claims Denied in Whole or in Part: In the event a claim has been denied in whole or in part, you or your beneficiary may request a review of the claim by Hartford Life and Accident Insurance Company®.

This request for review must be sent to Group Insurance Claims Review at the address of the Hartford Life and Accident Insurance Company® office which processed the claim, within 60 days after you or your beneficiary receive notice of denial of the claim. When requesting a review, please state the reason you or your beneficiary believe the claim was improperly denied and submit any questions or comments deemed appropriate.

Hartford Life and Accident Insurance Company® will reevaluate the information and you will be informed of the decision in writing in a timely manner.

NOTICE OF INSURANCE INFORMATION PRACTICES

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.

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.

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.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company. PA-9369

Your Rights under ERISA

As a participant in the plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

1. Examine, without charge, at the GEBA Office, all plan documents and copies of all documents filed by the plan with the U.S. Department of Labor, such as the latest annual reports (form 5500 Series) and plan descriptions. This examination may take place between the hours of 10 a.m. and 3 p.m. Monday through Friday, except holidays.

2. Obtain copies of these plan documents (including insurance contracts and the Series 5500 report) upon written request to the Board of Directors of GEBA who may make a reasonable charge for the copies.

3. Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "Fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including an employer, your benefit association, or any other entity may discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to this decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in federal district court. In such case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator.

If you have a claim for benefits that are denied or ignored in whole or in part, you may file suit in a state or federal court. If the plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and fees. If you lose, the court may order you to pay these costs and fees. For example, you may have to pay these fees if the court finds your claim to have been frivolous.

If you have any questions about the plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan Administrator, you should contact the nearest Area Office of the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



Underwritten by:
Hartford Life and Accident
Insurance Company
Simsbury, CT 06089
Policy # AGP-5610

Long Term Disability Insurance Premiums

How do I use this chart?

To ensure an accurate assessment and choice of your long term disability benefits, be sure to read the instructions below.

- Locate the particular waiting period* that you would like to apply for.
- Once you decide on a waiting period, find the particular amount of long term disability coverage you want.
Remember this limited to 67% of your gross monthly salary.
- Next, locate the age range you belong to.
- Your biweekly premium is where the age range row and benefit amount column meet.

**Waiting Period: The span of time between the first day of treatment for a totally disabling sickness or injury and the day upon which your benefits begin.*

30-Day Waiting Period

Biweekly Premiums

Age	\$500	\$800	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
16 - 25	\$2		\$3	\$4	\$5	\$6	\$7	
26 - 39	\$3	\$4	\$5	\$6	\$7	\$8	\$9	
40 - 49	\$4	\$6	\$8	\$10	\$11	\$13	\$14	\$16
50 - 59	\$6	\$10	\$12	\$15	\$17	\$20	\$22	\$24
60 - 69*	\$7	\$12	\$15	\$18	\$21	\$24	\$27	\$30

Age	\$2,200	\$2,400	\$2,600	\$2,800	\$3,000	\$3,200	\$3,400	\$3,600
16 - 25	\$8		\$9		\$10	\$11		\$12
26 - 39	\$10	\$11	\$12	\$13	\$14	\$15	\$16	\$17
40 - 49	\$18	\$19	\$21	\$22	\$24	\$26	\$27	\$29
50 - 59	\$27	\$29	\$32	\$34	\$37	\$39	\$42	\$44
60 - 69*	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$53

Age	\$3,800	\$4,000	\$4,200	\$4,400	\$4,600	\$4,800	\$5,000
16 - 25	\$13	\$14		\$15	\$16		\$17
26 - 39	\$18	\$19	\$20	\$21	\$22	\$23	\$24
40 - 49	\$30	\$32	\$34	\$35	\$37	\$38	\$40
50 - 59	\$46	\$49	\$51	\$54	\$56	\$59	\$61
60 - 69*	\$56	\$59	\$62	\$65	\$68	\$71	\$74

90-Day Waiting Period

Biweekly Premiums

Age	\$500	\$800	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
16 - 25			\$2		\$3		\$4	
26 - 39	\$2		\$3	\$4	\$5		\$6	\$7
40 - 49	\$3	\$5	\$6	\$8	\$9	\$10	\$12	\$13
50 - 59	\$5	\$8	\$9	\$11	\$13	\$15	\$17	\$19
60 - 69*	\$6	\$10	\$12	\$14	\$17	\$19	\$22	\$24

Age	\$2,200	\$2,400	\$2,600	\$2,800	\$3,000	\$3,200	\$3,400	\$3,600
16 - 25	\$5		\$6		\$7		\$8	
26 - 39	\$8		\$9		\$10	\$11	\$12	
40 - 49	\$14	\$15	\$17	\$18	\$19	\$21	\$22	\$23
50 - 59	\$21	\$23	\$24	\$26	\$28	\$30	\$32	\$34
60 - 69*	\$26	\$29	\$31	\$33	\$36	\$38	\$41	\$43

Age	\$3,800	\$4,000	\$4,200	\$4,400	\$4,600	\$4,800	\$5,000
16 - 25		\$9		\$10		\$11	\$12
26 - 39	\$13	\$14		\$15	\$16	\$17	\$18
40 - 49	\$24	\$26	\$27	\$28	\$30	\$31	\$32
50 - 59	\$36	\$38	\$40	\$42	\$43	\$45	\$47
60 - 69*	\$45	\$48	\$50	\$53	\$55	\$57	\$60

180-Day Waiting Period

Biweekly Premiums

Age	\$500	\$800	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
16 - 25					\$2			\$3
26 - 39			\$2		\$3			\$4
40 - 49	\$2	\$4	\$5	\$6	\$7	\$8	\$9	\$10
50 - 59	\$4	\$6	\$8	\$10	\$11	\$13	\$15	\$16
60 - 69*	\$5	\$7	\$9	\$11	\$12	\$14	\$16	\$17

Age	\$2,200	\$2,400	\$2,600	\$2,800	\$3,000	\$3,200	\$3,400	\$3,600
16 - 25			\$4				\$5	
26 - 39	\$5		\$6		\$7		\$8	
40 - 49	\$11	\$12	\$13	\$14	\$15	\$16	\$17	\$18
50 - 59	\$18	\$19	\$21	\$23	\$24	\$26	\$27	\$29
60 - 69*	\$19	\$21	\$22	\$24	\$26	\$28	\$29	\$31

Age	\$3,800	\$4,000	\$4,200	\$4,400	\$4,600	\$4,800	\$5,000
16 - 25		\$6			\$7		\$8
26 - 39		\$9			\$10		\$11
40 - 49	\$19	\$20	\$21	\$22	\$23	\$24	\$25
50 - 59	\$31	\$32	\$34	\$35	\$37	\$39	\$40
60 - 69*	\$33	\$34	\$36	\$38	\$40	\$41	\$43

365-Day Waiting Period

Biweekly Premiums

Age	\$500	\$800	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
16 - 25								\$2
26 - 39				\$2				\$3
40 - 49	\$2	\$4		\$5	\$6	\$7	\$8	\$9
50 - 59	\$4	\$6	\$7	\$9	\$10	\$11	\$13	\$14
60 - 69*	\$5	\$7	\$8	\$10	\$11	\$12	\$14	\$15

Age	\$2,200	\$2,400	\$2,600	\$2,800	\$3,000	\$3,200	\$3,400	\$3,600
16 - 25			\$3				\$4	
26 - 39			\$4		\$5		\$6	
40 - 49	\$10	\$11	\$12		\$13	\$14	\$15	\$16
50 - 59	\$16	\$17	\$19	\$20	\$21	\$23	\$24	\$26
60 - 69*	\$17	\$18	\$20	\$21	\$23	\$24	\$26	\$27

Age	\$3,800	\$4,000	\$4,200	\$4,400	\$4,600	\$4,800	\$5,000
16 - 25		\$5			\$6		\$7
26 - 39		\$7			\$8		\$9
40 - 49	\$17	\$18	\$19	\$20	\$21		\$22
50 - 59	\$27	\$29	\$30	\$31	\$33	\$34	\$36
60 - 69*	\$29	\$30	\$32	\$33	\$35	\$36	\$38

**Renewal premiums only.*

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured person and increase as you enter each new age category.

Policy Form # GBD-1000 A (AGP-5610)
Long Term Disability Brochure 09/09