

★ NOTICE OF MEMBER BENEFIT ★



Starting at only \$4.60 a month, you can get up to \$25,000 in life insurance coverage with no medical exam required.

- ✓ **You can't be turned down**
- ✓ **Try it risk-free for 30 days**

Dear Member,

Now more than ever before, we need to be ready to meet life's surprising challenges. Here's one solution that can dramatically help protect your family:

The American Legion Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan (GA Life Insurance), underwritten by Hartford Life and Accident Insurance Company, covers you for up to \$25,000 in benefits—without having to take a medical exam or answer endless questions about your health.

In other words: your acceptance is guaranteed. Unlike other plans, you cannot be turned down for any reason.

Upon your death, the money goes straight to your family or who ever you choose as your beneficiary. They and they alone decide how to use it: to pay off a debt, settle funeral or cremation costs, buy groceries, pay the electric bill, or simply bank for a future expense.

You choose the coverage amount that is best for your household. And, here is an example of the benefit amounts and the monthly costs for an American Legion Auxiliary member at age 50:

Benefit Amount:	\$5,000	\$10,000*	\$25,000*
Female Monthly Cost:	\$4.60	\$9.20	\$23.00
Male Monthly Cost:	\$5.50	\$11.00	\$27.50

See the enclosed brochure for more information about benefits and insurance terms.

No need to send money now ... just fill out, sign and send back the Member Benefit Request Form in the enclosed postage-paid envelope. You've got nothing to lose. If you decide the coverage isn't for you, you may cancel within 30 days without cost or obligation.

With the American Legion Auxiliary GA Life Insurance, you can help provide a new level of protection and financial security for your family. Start your coverage now by sending back the Member Benefit Request Form right away.

Sincerely,

Sara Riegel
ALA Executive Director

P.S. It's hard to believe, but the national median cost of a funeral with a viewing and burial was approximately \$7,848 in 2021 according to the National Funeral Directors Association (<http://www.nfda.org/news/statistics>). Make things easier for your family with the financial help you will receive with the American Legion Auxiliary GA Life Insurance.

The Hartford Financial Services Group, Inc. (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com.

Samuel H. Fleet, Licensed in all applicable jurisdictions.
Life Form Series includes GBD-1000, GBD-1100, or state equivalent.
Underwritten by Hartford Life and Accident Insurance Company, Hartford, CT, 06155.

*AGE REDUCTION: Benefits reduce to \$5,000 at age 80, with a corresponding premium adjustment.

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★ GET THE ANSWERS YOU WANT ABOUT ★

The American Legion Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan
(GA Life Insurance)

See for yourself how this coverage could be the ideal choice for you

Q: What determines my eligibility for this senior term life insurance plan?

A: This exclusive policy is only available to ALA members, U.S. residents (ages 50 through 79). Spouses who are not legally separated or divorced from the member can also be covered as long as they are between 50 through 79 and U.S. residents. (Note: When both spouses are ALA members, coverage may not be duplicated by applying as dependents of each other.)

Q: Do I need to undergo any medical exam or tests?

A: There are no doctor's visits, no intrusive medical exams and no lab tests required. All you need to do is fill out the attached Member Benefit Request Form, sign it, and send it back to us.

Q: I have Parkinson's, will I still be accepted?

A: No matter what your health...no matter what condition you have previously been diagnosed with...no matter what medications you are taking – you cannot be turned down for American Legion Auxiliary GA Life Insurance. Your acceptance is guaranteed.

Q: If I already carry a life insurance policy, why would I need more coverage?

A: The insurance policy you purchased years ago has probably not kept pace with inflation. Adding more insurance makes sure you have enough to cover ever-increasing final expense costs and your unpaid medical bills.

Q: When does my coverage begin?

A: There is no waiting period. Full benefits are available from the very first day the policy goes into effect subject to receiving payment of the required premium.

Q: Is this the right life insurance for me?

A: This plan was designed by American Legion Auxiliary exclusively for its members like you and your family. American Legion Auxiliary GA Life Insurance can offer better rates than you might find on your own. Also, you can choose it with confidence knowing it comes with a 30-day satisfaction guarantee.

**Competitive ALA-members-only
monthly rates**

Female Rates

Age	\$5,000	\$10,000*	\$25,000*
50-54	\$4.60	\$9.20	\$23.00
55-59	\$7.30	\$14.60	\$36.50
60-64	\$10.65	\$21.30	\$53.25
65-69	\$15.90	\$31.80	
70-74	\$24.45	\$48.90	
75-79	\$42.40		
80-84†	\$74.95		
85-89†	\$127.30		

Male Rates

Age	\$5,000	\$10,000*	\$25,000*
50-54	\$5.50	\$11.00	\$27.50
55-59	\$8.80	\$17.60	\$44.00
60-64	\$14.60	\$29.20	\$73.00
65-69	\$23.15	\$46.30	
70-74	\$36.15	\$72.30	
75-79	\$63.30		
80-84†	\$108.65		
85-89†	\$191.50		

*At age 80 benefits are reduced to \$5,000, with a corresponding premium adjustment.

†These are renewal rates only.

Rates are based on the attained age of the Insured Person and Increase as you enter each new category. Rates will continue to increase every five years up to age 89. Rates and/or benefits may be changed only on a class basis.

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Life Form Series includes GBD-1000, GBD-1100, or state equivalent.



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

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



Group Senior Term Life Insurance Enrollment Form With Graded Death Benefit

ALA Guaranteed Acceptance Senior Term Life Insurance Plan *Exclusively for Members of The American Legion Auxiliary*

YOU CANNOT BE TURNED DOWN

Policy Number: AGL-1982

American Legion Auxiliary (ALA)

ALA Members under age 65

1 Your Information

- Are you a Member of The American Legion Auxiliary?
 A Spouse of a Member of The American Legion Auxiliary?

American Legion Auxiliary Membership Number: _____

Member Name _____

Home Address (Street, City, State, Zip) _____ / _____ / _____

Gender: Male Female

Member's Date of Birth _____

Member's Social Security Number: _____

Phone Number _____

Email Address _____

(For internal use only for important updates & member bulletins)

Is Spouse's coverage desired? Yes No

Spouse's Full Name *(if enrolling)* _____ / _____ / _____

Gender: Male Female

Spouse's Date of Birth _____

Spouse's Social Security Number: _____

2 Coverage Information

Senior Term Life Insurance

(✓) Check The Desired Amount of Coverage:

Member: \$5,000 \$10,000* \$25,000*

Spouse (if enrolling): \$5,000 \$10,000* \$25,000*

By enrolling for this insurance, do you intend to replace, discontinue or change an existing policy of Life Insurance? If not, simply check "No".

Member: Yes No **Spouse (if enrolling):** Yes No

*On the premium due date on or next following the date the Insured Person attains age 80, if the Insured Person's Life Insurance Benefit Amount is greater than \$5,000, it will reduce to \$5,000, with an appropriate adjustment in premium.

3 Payment Options

Automatic Bank Withdrawal (Electronic Funds Transfer):

Name: _____

Banking Institution _____

Routing Number _____

Account Number _____

Bank Account Type: Checking Savings

For your convenience you will be billed quarterly.

I authorize the Administrator to initiate debit entries for my regular payment from the bank account provided above. I understand that payment will be processed on or after the due date and will continue to be charged or deducted from my account unless I notify the Administrator otherwise in writing or my coverage ends. I also understand if corrections of the debit are necessary, this may involve an adjustment to my account.

X
Member Signature _____

Date _____

X
Spouse Signature (if enrolling) _____

Date: _____

Mail your completed enrollment form to:

Amwins Group Benefit
Member Benefit Provider for the American Legion Auxiliary
PO BOX 152501 IRVING TX 75015-9802

Please mail within 10 days
Questions? Call 1-844-363-1726

4 Confirmation

I acknowledge that I have been given the opportunity to enroll in the ALA Guaranteed Acceptance Senior Term Life Insurance. I certify that I am age 64 or younger, an American Legion Auxiliary Member and that the above information is true and complete to the best of my knowledge. If I enroll today and want to upgrade coverage at a later date, I may be required to submit Evidence of Insurability.

I understand and agree that insurance will go into effect upon receipt of my first premium payment and this form and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to American Legion Auxiliary can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

I also understand that at age 80 coverage is reduced to \$5,000, with a corresponding premium adjustment.

X
Member Signature Required _____

Date _____

X
Spouse Signature Required (if enrolling) _____

Date: _____

**AMERICAN
LEGION
AUXILIARY**

AMWINS®
GROUP BENEFITS
A Member Benefit Provider for
the American Legion Auxiliary

Fraud Notice(s)

For Residents of Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Jersey:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

For Residents of Virginia:

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement may have violated the state law.



The protection you want. The value you need!

At age 80 benefits are reduced to \$5,000, with a corresponding premium adjustment.

Exclusions: If You or Your Dependent commit suicide while sane or insane during the first two years of coverage under The Policy, We will only pay the deceased person's Life Insurance Benefit in an amount equal to the premium paid for coverage to the date of death; or during the two years immediately following an increase in coverage under The Policy, We will only pay the deceased person's Life Insurance Benefit in an amount equal to the premium paid for the increase, plus an amount equal to the amount of Life Insurance in force prior to the increase, plus an amount equal to the premium paid for the increase to the date of death.

The full Life Insurance Benefit amount for the deceased person is payable if he or she is covered under The Policy and commits suicide after the two year period. The two year period includes the time coverage was in force under a Prior Policy.

Life Insurance Benefit: If you or your dependents die while covered under The Policy, we will pay the deceased person's Life Insurance benefit after we receive Proof of Loss, in accordance with the Proof of Loss provision and:

1) if death is the result of an injury and occurs during the first 2 years of coverage under The Policy, we will pay the deceased person's amount of Life Insurance;

2) if death is the result of sickness and occurs during the first 2 years of coverage under The Policy, the amount payable will be an amount equal to the premiums paid for coverage, with interest, using an annual interest rate of at least the Hartford Life and Accident Insurance Company's corporate interest rate; or

3) death is the result of an injury or sickness and occurs after 2 years of coverage under The Policy, we will pay the deceased person's amount of Life Insurance.

Effective date of coverage: Your coverage becomes effective on the 1st of the month after your member benefit request form and first premium payment have been processed.

ALA Members: Your coverage will remain in effect as long as premiums are paid, the Master Policy is in force, and you remain a ALA Member. Dependents: Coverage of a Spouse terminates on the earliest to occur of: the date the Policy is cancelled; or the Premium due date on or next following the date he or she is legally separated or divorced from You; the required premium is not paid, subject to the Grace Period provision; or the date your coverage terminates. However, if Spouse coverage would terminate because of your death, coverage will continue until the Premium due date on or next following your death unless continued in accordance with the Surviving Spouse Continuation provision.

Information: 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 the 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 and Accident Insurance Company 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.

Amwins Group Benefits, LLC is the Plan Administrator who administers the insurance plan on behalf of Hartford Life and Accident Insurance Company. Amwins Group Benefits, LLC is the broker of record and is compensated for the placement of insurance. This is a participating group policy under which experience credits may be paid to American Legion Auxilliary.

Questions? Call TOLL-FREE 1-844-363-1726 Monday - Friday, 8 AM to 8 PM, Eastern Time

★ **Rates start at only \$4.60 month!** ★

American Legion Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan (GA Life Insurance) provides peace of mind like this:

✓ **No Medical Exam Required**

No doctor's visits, medical exam or lab tests are required — your **acceptance is guaranteed**.

✓ **Guaranteed Assurance**

No need to re-enroll — coverage can stay in force — even if you live to 90 years old.

✓ **No Individual Rate Increases**

Your rates cannot be increased unless everyone's policy within this class is cancelled or subject to a rate increase.

✓ **Exclusively for ALA Members**

This plan is not available to the general public, it's only available to ALA members and their spouses.

✓ **No Policy Cancellations**

Your policy cannot be cancelled unless everyone's policy within this class is cancelled.

✓ **30-Day Satisfaction Guarantee**

If you are not completely satisfied, simply cancel your policy within 30 days and any premiums paid will be refunded to you minus any claims paid – no questions asked.

✓ **Send No Money Now**

Help make sure your family gets up to \$25,000 in benefits at a time when they may need it most. All we need to start the process is your **signed Member Benefit Request Form**.

Help give your family an extra level of financial security quickly and easily with American Legion Auxiliary GA Life Insurance — a great way to help safeguard those who are closest to you — *exclusively* offered to ALA members and their spouses.

Return your Member Benefit Request Form in the postage-paid envelope today!
Questions? Call 1-844-363-1726

GRADED DEATH BENEFIT: During the first two years of coverage the benefit payable for death due to sickness will be the premiums paid plus interest.

See additional plan details on the back.

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

Policy # AGL-1982
Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

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