

## NOTICE OF MEMBER BENEFIT:

Starting at **\$15.90** a month, you can get up to **\$10,000\*** in life insurance coverage with no medical exam required.

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

UNWAVERING SUPPORT



FOR UNCOMMON HEROES®

Dear Member,

We are pleased to inform you about a valuable VFW Auxiliary member benefit that was designed to help protect your family.

The VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan (GA Life Insurance), underwritten by Hartford Life and Accident Insurance Company, covers you for up to \$10,000 in benefits—without having to take a medical exam or answer endless questions about your health.

Unlike other plans, you cannot be turned down. Your acceptance is guaranteed.

Upon your death, the money goes straight to your family or whoever 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.

There's 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.

The VFW Auxiliary GA Life Insurance Plan can help you provide a new level of financial security for your family. Start your coverage now by sending back the Member Benefit Request Form right away.

Sincerely,

Ann Panteleakos  
*National Secretary – Treasurer*  
VFW Auxiliary

P.S. Did you know that the cost of the average funeral in the U.S. is \$7,848, according to the National Funeral Directors Association (<https://nfd.org/news/statistics>, March 25, 2022). Make things easier for your family with the financial help you will receive with the VFW Auxiliary GA Life Insurance.

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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# Answers to Common Questions

## The VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan (GA Life Insurance)

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

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

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

### Do I need a medical exam or tests?

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.

### I have Parkinson's, will I still be accepted?

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 VFW Auxiliary GA Life Insurance. Your acceptance is guaranteed.

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

This exclusive policy is only available to VFW Auxiliary members, citizens or legal residents of the United States, its territories and protectorates; (ages 65 through 79). Spouses who are not legally separated or divorced from the member can also be covered as long as they are between 65 through 79 and U.S. residents. (Note: When both spouses are VFW Auxiliary members, coverage may not be duplicated by applying as dependents of each other.)

### When does my coverage begin?

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.

### Is this the right life insurance for me?

This plan was designed by VFW Auxiliary exclusively for its members like you and your family. VFW 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.

### Affordable VFW Auxiliary member only rates

#### Female Rates (Monthly)

Age	\$5,000	\$10,000*
65-69	\$15.90	\$31.80
70-74	\$24.45	\$48.90
75-79	\$42.40	
80-84 <sup>†</sup>	\$74.95	
85-89 <sup>†</sup>	\$127.30	

#### Male Rates (Monthly)

Age	\$5,000	\$10,000*
65-69	\$23.15	\$46.30
70-74	\$36.15	\$72.30
75-79	\$63.30	
80-84 <sup>†</sup>	\$108.65	
85-89 <sup>†</sup>	\$191.50	

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

<sup>†</sup>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.



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

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The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at [www.thehartford.com](http://www.thehartford.com).

# 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

VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan Exclusively for VFW Auxiliary Members

**YOU CANNOT BE TURNED DOWN**

Policy Number: AGL-1983

VFW Auxiliary

Members age 65 and older

### 1 Member Information

- Are you a Member of the VFW Auxiliary?  
 A Spouse of a Member of the VFW Auxiliary?

VFW 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\*

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

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

\*If you are between 65 and 74, \$10,000 is the maximum you can apply for.

\*If you are between 75 and 79, \$5,000 is the maximum you can apply for.

### 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 credit card payments or debit entries for my regular payment from the credit card or 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:**

VFW AUXILIARY INSURANCE PROGRAM

PO BOX 153085

IRVING, TEXAS 75015-9803

**Please mail within 10 days**

Questions? Call **1-800-550-5287**

### 4 Confirmation

I acknowledge that I have been given the opportunity to enroll in the VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan. I certify that I am age 65 or older, a VFW 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 VFW 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:

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VFW AUXILIARY

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.

Form PA-9928 (2017) (AM) (MO)

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

*(over)*

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## **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 Kentucky:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **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.



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FOR UNCOMMON HEROES®

**The protection  
you need.**

**The value you want!**

**Exclusions:** If an insured Person commits suicide during the first year of coverage under The Policy, we will only pay the deceased person's Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision and amount equal to the premium paid for the increase to the date of death. And during the first year immediately following an increase in coverage under The Policy, we will only pay the premium equal to the amount of Life Insurance in force prior to the increase, plus an amount equal to the premium paid for the deceased person's Life Insurance Benefit after the two-year period.

**Life Insurance Benefit:** If you or your Dependents die while covered under The Policy, We will pay the deceased person's Amount of Life Insurance; if death is the result of an injury 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 Our 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.

**Termination of coverage:** VFW Auxiliary Members: Your coverage will remain in effect as long as premiums are paid, the Master Policy is in force, you are less than 90 years old, and you remain a VFW Auxiliary Member. Dependents: Coverage terminates on the earliest to occur of: the date the Policy is canceled; 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 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.

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 VFW Auxiliary.

**Questions?** Call TOLL-FREE 1-800-550-5287 Monday - Friday, 8 AM to 8 PM, Eastern Time

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# Give Your Family Peace of Mind With The VFW Auxiliary Guaranteed Acceptance Senior Term Life Insurance Plan (GA Life Insurance)

**Rates start at only \$15.90 month!**

## Plus...

★ **Exclusively for VFW Auxiliary Members**

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

★ **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.

★ **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 \$10,000 in benefits at a time when they may need it most. **Simply sign and return the Member Benefit Request Form.**

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

**Return your Member Benefit Request Form in the postage-paid envelope today!**

**Questions? Call 1-800-550-5287**

**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-1983

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

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