

Office of the Administrator
P.O. Box 14536
Des Moines, IA 50306



**ENDORSED BY: Fleet Reserve Association
RE: FRA TERM LIFE INSURANCE PLAN BENEFIT**

Dear FRA Shipmate,

The Fleet Reserve Association (FRA) has approved the release of this official notification to inform you about this valuable member benefit.

To activate your new coverage, you must complete and return the Simplified Issue Application for approval.

With your member benefit—the FRA Easy Acceptance Term Life Insurance Plan—you can easily apply for up to \$150,000 in valuable Term Life Insurance coverage.

No long, complicated form to fill out.

As an FRA Shipmate, you qualify for economical group rates which are not available to the general public.

Note: Your rates are this economical because when FRA went to the bargaining table, they were armed with the full buying power of FRA members.

In addition, your spouse/domestic partner can easily apply for this economical Life Insurance Plan, too. (The member must apply for coverage for himself or herself in order to apply for spouse coverage. Also, spouse coverage cannot exceed member coverage.)

You should give careful consideration to applying for coverage for you and your spouse for family protection. Here's why:

If something were to happen to you, would there be enough life insurance protection for your family? FRA doesn't want you or your loved ones to worry about possible financial burdens in the future, so they negotiated for a Plan that is economical and with a simplified application process.

The result: The FRA Easy Acceptance Term Life Insurance Plan. This Plan meets all of the demanding criteria set forth by FRA. Therefore, it carries the full endorsement of FRA.

To apply for your FRA Easy Acceptance Term Life Insurance coverage, simply:

1. Complete and sign the Simplified Issue Application that is enclosed with this letter.
2. Mail today.
3. SEND NO MONEY NOW.

Once your application is received and approved, we'll issue your Certificate of Insurance. You can review it for 30 days. If the Plan is right for you, then pay the accompanying bill. If you're not satisfied for any reason, don't pay it, and return your Certificate marked "Cancel" within 30 days of receipt. You're under no obligation.

The opportunity you have today is one of the many benefits that comes from your membership in FRA. Please return your Simplified Issue Application today.

Sincerely,



David Chambers, Senior Vice President
Association Member Benefits Advisors, LLC
FRA-endorsed Insurance Programs Administrator
License #1115788

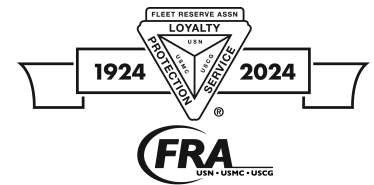
P.S. Now, you can obtain up to \$150,000 in economical Term Life Insurance coverage thanks to the FRA Easy Acceptance Term Life Insurance Plan. To apply for your coverage, complete and return the Simplified Issue Application.

Please read the enclosed materials for more information including costs, exclusions, limitations and terms of coverage.

Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent.

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

OUTLINE OF TERM LIFE INSURANCE BENEFITS



The following benefits outline of the FRA Easy Acceptance Term Life Insurance Plan is exclusively for FRA Shipmates and their dependents:

1. Available to FRA Shipmates and their dependents.

The FRA Life Insurance Plan was specifically designed for FRA members and their eligible spouse who are under age 60 who reside in the U.S., and who are not confined for medical care or treatment in an institution or a home. Plus, your unmarried, dependent children at least 14 days of age, but under age 19 (age 25 if a full-time student) are eligible for this protection. It is not available to the general public. When both Spouses/Domestic Partners are eligible members, each may apply as a member; however, coverage may not be duplicated by applying as dependents of the other.

Dependent Children can only be covered by either the Member or the Spouse / Domestic Partner, but not both.

This coverage is available only for residents of the United States. Not available in all states.

2. Provides up to \$150,000 in Term Life Insurance protection.

With this Plan, you can select the benefit amount you want up to \$150,000 (in \$25,000 increments), making it ideal to either:

- Add to your existing coverage OR
- Start a life insurance plan for your loved ones.

3. Economical group rates.

Thanks to the group purchasing power of FRA members, your rates are economical. See for yourself:

Easy Acceptance Term Life Insurance Plan Monthly Group Rates

	\$25,000		\$50,000		\$75,000		\$100,000		\$125,000		\$150,000	
AGE	NonSmoker	Smoker	NonSmoker	Smoker	NonSmoker	Smoker	NonSmoker	Smoker	NonSmoker	Smoker	NonSmoker	Smoker
Under 30	1.75	3.56	3.49	7.11	5.24	10.67	6.99	14.23	8.73	17.78	10.48	21.34
30-34	1.66	3.35	3.32	6.70	4.99	10.06	6.65	13.41	8.31	16.76	9.97	20.11
35-39	2.40	4.90	4.80	9.79	7.21	14.69	9.61	19.58	12.01	24.48	14.41	29.37
40-44	3.82	7.76	7.65	15.52	11.47	23.29	15.29	31.05	19.12	38.81	22.94	46.57
45-49	6.35	12.82	12.70	25.63	19.05	38.45	25.40	51.26	31.75	64.08	38.10	76.89
50-54	11.28	22.77	22.55	45.54	33.83	68.31	45.11	91.08	56.38	113.85	67.66	136.62
55-59	19.91	40.16	39.81	80.31	59.72	120.47	79.63	160.63	99.53	200.78	119.44	240.94
60-64*	28.04	56.29	56.08	112.58	84.13	168.88	112.17	225.17	140.21	281.46	168.25	337.75
65-69*	42.83	85.96	85.67	171.92	128.50	257.88	171.33	343.83	214.17	429.79	257.00	515.75
70-79*	56.08	112.54	112.17	225.08	168.25	337.63	224.33	450.17	280.42	562.71	336.50	675.25

Child rate for \$10,000 benefit: semi-annual = \$7.60.

*Rates for members ages 60-79 are for renewal only. Coverage ends at age 80.

You will be billed four times a year. If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

You qualify for nonsmoker rates if you haven't smoked cigarettes, cigars, or used a pipe or chewing tobacco, nicotine chewing gum or snuff during the 12 months prior to the date you apply for coverage. Your individual premium is determined at each premium due date and is based on your benefit level, attained age and smoking status. Your rates increase as you enter each new age category. You can never be singled out for a rate increase or a change in benefits, and we will notify you in advance in writing of any changes. Rates and/or benefits may be changed on a class basis.

Your association shares a financial interest in this program, which benefits the entire membership.

4. Easy to apply.

Simply complete and return the enclosed Simplified Issue Application for approval.

5. Waives your premium if Disabled.

If a Sickness or Injury makes you Disabled for at least nine consecutive months and your Disability starts before you're age 60, your benefits will continue at no cost to you. Your premium will be taken care of for as long as you're Disabled and submit the required proof of loss [or required documentation] up to age 80. Disabled means You are wholly and continuously prevented from: 1) performing any work or occupation for wage or profit for which You are reasonably qualified or trained; or 2) if not employed, engaging in the normal activities of a person of like age and gender in good health; as a result of injury or sickness.

Effective Date: When your application is approved by The Hartford, your insurance will become effective as of the first of the month coinciding with or following approval and receipt of the first premium. If you are confined for medical care or treatment on such date, your coverage will become effective on the first day of the month on or next following the date you have been Actively at Work for 90 consecutive days; or the first day of the month on or next following the date you have been able, for 90 consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health.

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.

Termination of Coverage: You can keep your FRA Term Life Insurance coverage up to age 80—no matter what your health—as long as you remain an FRA member, pay your premiums on time and the Master Policy stays in force. Coverage for your dependents ends when yours does and if they are no longer eligible due to age and marital status.

Exclusion for Term Life Benefit: Suicide during the first two years of coverage will not be covered. Benefits paid for death caused by suicide while sane or insane within the first two years of the effective date of insurance are limited to a refund of the premiums paid for the insured's insurance.

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 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.

This fact sheet 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 fact sheet and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the Hartford Life and Accident Insurance Company detail exclusions, limitations, 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.

100% SATISFACTION GUARANTEED

There's no risk in taking a closer look at the FRA Easy Acceptance Term Life Insurance Plan today. You don't even send money now. Simply complete and mail your Simplified Issue Application. Once approved, we'll send you your official Certificate.

Take 30 days to look it over. When you're satisfied it's the right Plan for you, pay for it then. If you're not satisfied for any reason, don't pay it, and return your Certificate marked "Cancel" within 30 days of receipt. There will be no hassles. No questions asked.

Program Offered by:



Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency

CA Insurance License #0I96562

AR Insurance License #100114462

P.O. Box 14536
Des Moines, IA 50306

Questions?

Call: 1-800-424-1120
fra.service@getamba.com
www.frainsure.com

Underwritten by:



Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Insurance 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.

This is private insurance. This insurance is not associated with SGLI.

Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of: All states, excluding Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance-support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

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 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 Model 400, Braintree, Massachusetts 02184-8734. 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.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers.

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

Form PA-10210 (2018)

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to learn what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event we make an adverse underwriting decision relating to You, we will provide You with information regarding such decision and Your rights.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

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The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance- support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

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 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 Model 400, Braintree, Massachusetts 02184-8734. Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other

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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.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance-support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to access what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Within 30 days of receipt of your written request, we will make any of this personal information available to you or to your designated representative. You also have the right to request correction, amendment or deletion of any of this personal information. Within 30 business days of receipt of your written request, we will notify you of our correction, amendment or deletion of the information in dispute, or our refusal to make such correction, amendment or deletion after further investigation. In the event that we refuse to correct, amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.

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Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event that coverage for which you have applied is declined, terminated for reasons other than failure to pay your premium, or offered to you at a higher than standard rate, you have the right to request in writing within 90 days the specific reasons why. Within 21 days of receipt of your written request, we will submit to you a written statement of the specific reasons for our decision and the specific items in your recorded personal information that support that decision.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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