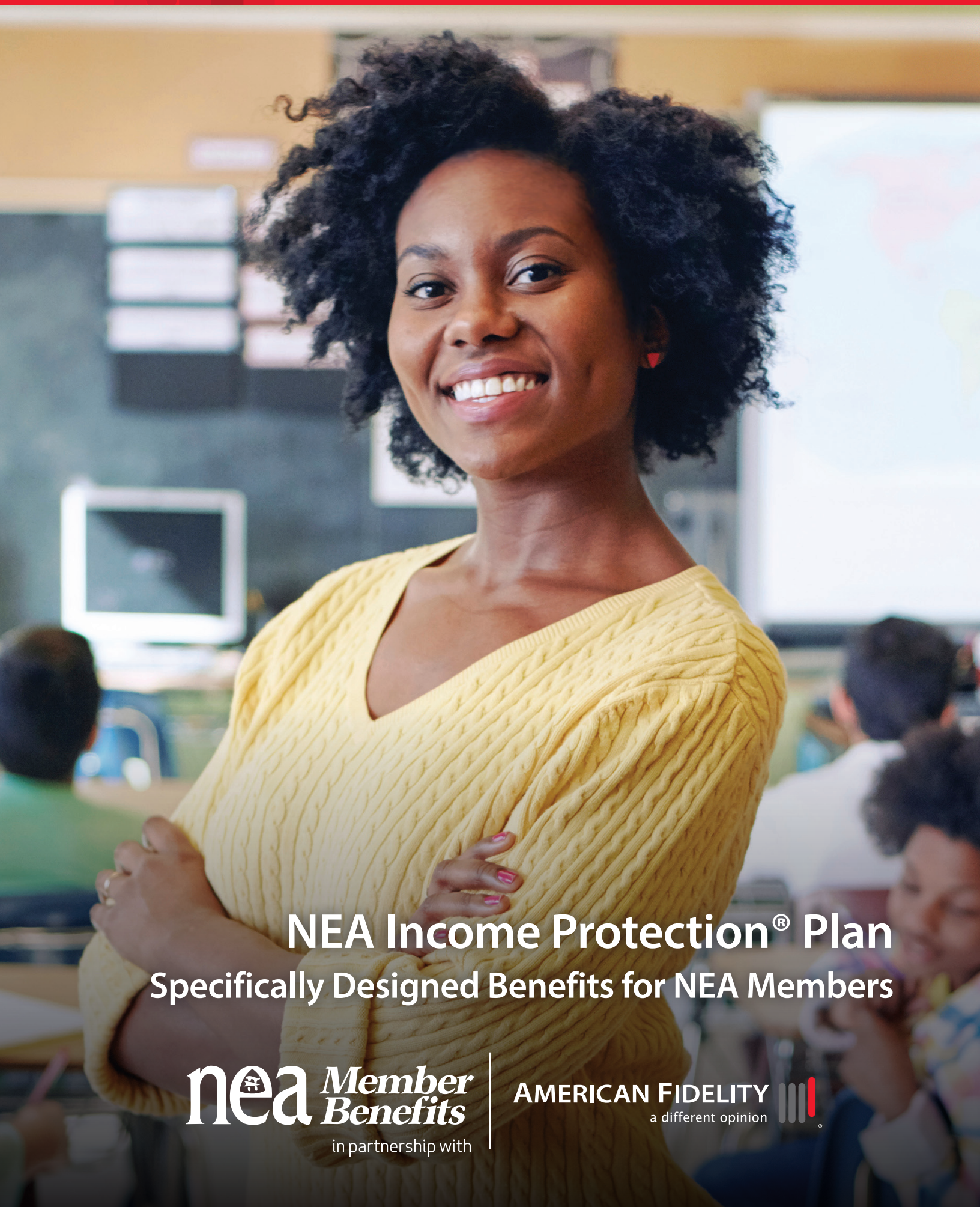

NEA Income Protection® Plan

Specifically Designed Benefits for NEA Members

nea Member Benefits
in partnership with
AMERICAN FIDELITY
a different opinion

NEA Income Protection® Plan

900 Clopper Road, Suite 300
Gaithersburg, MD 20878-1356
888-461-1612

Dear NEA Member,

Thank you for your interest in the NEA Income Protection® Plan underwritten by American Fidelity Assurance Company. Below you will find some plan highlights. You may also see the enclosed brochure for more detailed information on policy provisions, limitations, and exclusions.

The NEA Income Protection® Plan is designed specifically to meet the needs of members like you.

Here are just a few of the customized benefits we offer specifically to NEA members:

- Monthly benefits paid during a period of total Disability or while Disabled and Working
- NEA Annual Reserve Dues Benefit - pays reserve dues when disabled
- NEA Strike Waiver of Premium - premium is waived if there is an NEA-supported strike
- NEA Physical Examination Requirement Benefit - Up to $100 annual benefit for required physical exams

You have the choice of Short-Term or Long-Term benefit options.

Short-Term Disability Income Plan - Choose from one of four plan options. Your benefits will begin on the 8th, 15th, 31st, or 91st day of a covered disability. The short-term disability benefits last for up to 2 years.

Long-Term Disability Income Plan - Choose from one of four plan options. Your benefits will begin on the 8th, 15th, 31st, or 91st day of a covered disability. With long-term disability, benefits last up to age 65.

In determining the right coverage for you, look closely at your sick pay benefits, retirement plan benefits, and personal finance scenario. You can insure up to two-thirds of your monthly salary, with a maximum benefit of up to $6,000 per month, and coverage amount is based on your salary. **Benefits are paid directly to you, not to a doctor or employer.**

Consider enhancing your existing benefits.

If you already have the NEA Income Protection® Plan, you know the value of this important coverage and may want to update your plan. Consider verifying that your current coverage level covers any salary increases you may have received since you started your Disability Income Insurance. Increasing your coverage helps to protect your current lifestyle.

Sincerely,

Kevin L. Adamson
NEA Insurance Program

PS: For many NEA members, your ability to earn an income is your single most important asset. Maintaining your lifestyle depends on your continued ability to perform your daily work duties. Make sure you don't neglect this important financial planning action. The sooner you apply, the sooner you start helping to protect one of your most valuable assets - your ability to earn an income.

If you have any questions, call your NEA Income Protection® Plan Representative at 888-461-1612 Monday-Friday 9:00 a.m. to 6:00 p.m. Eastern Time or visit our website at www.neamb.com/IncomeProtect.

Plan Highlights

Specifically designed plan highlights for NEA members.

- Annual Reserve Dues Benefit - pays reserve dues when disabled
- Strike Waiver of Premium - premium is waived if there is an NEA-supported strike
- Physical Examination Requirement Benefit - Up to $100 annual benefit for required physical exams

Choose the plan that's right for you.

Short-Term Disability (STD) Benefits are payable up to 2 years for a covered Injury or Sickness.	
Plan I	Benefits begin on the 8th day of Disability due to a covered Injury or Sickness
Plan II	Benefits begin on the 15th day of Disability due to a covered Injury or Sickness
Plan III	Benefits begin on the 31st day of Disability due to a covered Injury or Sickness
Plan IV	Benefits begin on the 91st day of Disability due to a covered Injury or Sickness

Long-Term Disability (LTD) Benefits are payable up to the period of time shown in the table below, based on your age as of the date of Disability due to a covered Injury or Sickness.	
Plan V	Benefits begin on the 8th day of Disability due to a covered Injury or Sickness
Plan VI	Benefits begin on the 15th day of Disability due to a covered Injury or Sickness
Plan VII	Benefits begin on the 31st day of Disability due to a covered Injury or Sickness
Plan VIII	Benefits begin on the 91st day of Disability due to a covered Injury or Sickness
Benefit Period	**Age 59 or Younger:** Maximum Benefit to Age 65 **Age 60 - 64:** Maximum Benefit of 5 Years **Age 65 - 68:** Maximum Benefit to Age 70 **Age 69 or Older:** Maximum Benefit of 1 Year

Injury means physical harm or damage to the body sustained by you which results directly from an accidental bodily Injury, which is independent of disease or bodily infirmity; and which takes place while your coverage is active.

Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is active.

Hospital - the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Return to Work Incentive Benefits: Disabled While Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

Worksite Accommodation

As part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Donor Benefit

If you are Disabled as a result of being an organ or tissue donor, we will pay your benefit as any other Sickness under the terms of the plan.

Direct Deposit Disability Benefits

In the event you choose the direct deposit option on an approved claim, we will deposit your benefits directly into your bank account at no additional cost. This can accelerate access to your benefits by several days. We also have a toll-free fax that allows you instant transmission of your claim forms to our Benefits Department.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain Disabled during that time.

Successive Disabilities

Disabilities which result from the same or related causes will be considered one period of Disability unless the Disabilities are separated by your return to Active Employment or any other Gainful Occupation for at least 3 consecutive months.

Specifically designed benefits for NEA members.

Waiver of Premium During Strike

If you are on an NEA-supported strike that has lasted more than 60 days, we will waive premium payments for the remainder of that strike. To qualify for this benefit, you must be eligible for unemployment compensation from your state and submit a written request asking for premium to be waived.

Annual Reserve Dues Benefit

If you are Totally Disabled for 6 consecutive months, we will pay either the value of your NEA unified reserve dues or the amount you are required to pay in order to maintain your NEA status, whichever is less.

Physical Examination Requirement Benefit

Pays up to $100 (once each calendar year) of the Physician's charges for any physical examination as required by the State Teacher's Retirement System, once you have been Totally Disabled for 12 consecutive months.

Eligibility

All eligible NEA members working 15 hours or more per week. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition Limitation.

When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Important Policy Provisions

If You Are Disabled Due to a Covered Disability and Not Working

Your Disability Payment will be the lesser of:

(a) the Disability Benefit described in the Schedule; or

(b) 66 2/3% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive

No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Disability or disabled for the first 24 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Offsets with Other Sources of Income

Deductible Sources of Income include:

- Other group disability income
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability
- State Disability
- Unemployment compensation
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 calendar days from the Date of Disability

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit

The minimum monthly payment is 10% of the Monthly Disability Benefit or $100, whichever is greater.

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition that begins before you have been continuously covered under the Policy for 24 months. This provision will not apply if you have:

- Gone treatment-free;
- Incurred no expense;
- Taken no medication; and
- Received no diagnosis or advice from a Physician

for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition Limitation period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 6-month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Important Policy Provisions Continued

Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted Injury while sane or insane
- An act of war, declared or undeclared
- Injury sustained or Sickness contracted while in the service of the armed forces of any country
- Committing a felony
- Penal incarceration (We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer)
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation*

Leave of Absence

Your coverage may be continued for up to 1 year during a Leave of Absence approved in writing by your Employer.

Termination of Insurance

Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

For Long-Term Disability Plans only.

Special Conditions Limited Benefit

The Special Conditions Limited Benefit provides a benefit up to 2 years, due to Special Conditions if you are disabled and under the Regular and Appropriate Care of a Physician. Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes. Special Conditions means: Chronic Fatigue Syndrome; Fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia or quadriplegia; Environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Mental Illness Limited Benefit

If you are Disabled due to a mental illness, regardless of the cause, Disability Payments will be provided for up to 2 years, not to exceed the Maximum Disability Period.

Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the Maximum Benefit Period. If drug addiction is sustained at the hands of, or while under the Regular and Appropriate Care of a Physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Social Security Filing Assistance

If we determine you are a likely candidate for Social Security Disability benefits, we can assist you with the application and appeal process.

**The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under the Policy for any period during which you are entitled to Workers' Compensation benefits.*

Benefit Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66 2/3% of your Monthly Compensation. Depending on your plan choice, your benefit will begin on the 8th, 15th, 31st, or 91st day of Disability.

		Monthly Premiums							
		Short-Term Disability Plans				Long-Term Disability Plans			
Monthly Salary	Monthly Disability Benefit	Plan I 8th Day	Plan II 15th Day	Plan III 31st Day	Plan IV 91st Day	Plan V 8th Day	Plan VI 15th Day	Plan VII 31st Day	Plan VIII 91st Day
$300-$449.99	**$200**	$5.36	$4.20	$3.20	$1.60	$8.16	$7.00	$6.00	$4.40
$450-$599.99	**$300**	$8.04	$6.30	$4.80	$2.40	$12.24	$10.50	$9.00	$6.60
$600-$749.99	**$400**	$10.72	$8.40	$6.40	$3.20	$16.32	$14.00	$12.00	$8.80
$750-$899.99	**$500**	$13.40	$10.50	$8.00	$4.00	$20.40	$17.50	$15.00	$11.00
$900-$1,049.99	**$600**	$16.08	$12.60	$9.60	$4.80	$24.48	$21.00	$18.00	$13.20
$1,050-$1,199.99	**$700**	$18.76	$14.70	$11.20	$5.60	$28.56	$24.50	$21.00	$15.40
$1,200-$1,349.99	**$800**	$21.44	$16.80	$12.80	$6.40	$32.64	$28.00	$24.00	$17.60
$1,350-$1,499.99	**$900**	$24.12	$18.90	$14.40	$7.20	$36.72	$31.50	$27.00	$19.80
$1,500-$1,649.99	**$1,000**	$26.80	$21.00	$16.00	$8.00	$40.80	$35.00	$30.00	$22.00
$1,650-$1,799.99	**$1,100**	$29.48	$23.10	$17.60	$8.80	$44.88	$38.50	$33.00	$24.20
$1,800-$1,949.99	**$1,200**	$32.16	$25.20	$19.20	$9.60	$48.96	$42.00	$36.00	$26.40
$1,950-$2,099.99	**$1,300**	$34.84	$27.30	$20.80	$10.40	$53.04	$45.50	$39.00	$28.60
$2,100-$2,249.99	**$1,400**	$37.52	$29.40	$22.40	$11.20	$57.12	$49.00	$42.00	$30.80
$2,250-$2,399.99	**$1,500**	$40.20	$31.50	$24.00	$12.00	$61.20	$52.50	$45.00	$33.00
$2,400-$2,549.99	**$1,600**	$42.88	$33.60	$25.60	$12.80	$65.28	$56.00	$48.00	$35.20
$2,550-$2,699.99	**$1,700**	$45.56	$35.70	$27.20	$13.60	$69.36	$59.50	$51.00	$37.40
$2,700-$2,849.99	**$1,800**	$48.24	$37.80	$28.80	$14.40	$73.44	$63.00	$54.00	$39.60
$2,850-$2,999.99	**$1,900**	$50.92	$39.90	$30.40	$15.20	$77.52	$66.50	$57.00	$41.80
$3,000-$3,149.99	**$2,000**	$53.60	$42.00	$32.00	$16.00	$81.60	$70.00	$60.00	$44.00
$3,150-$3,299.99	**$2,100**	$56.28	$44.10	$33.60	$16.80	$85.68	$73.50	$63.00	$46.20
$3,300-$3,449.99	**$2,200**	$58.96	$46.20	$35.20	$17.60	$89.76	$77.00	$66.00	$48.40
$3,450-$3,599.99	**$2,300**	$61.64	$48.30	$36.80	$18.40	$93.84	$80.50	$69.00	$50.60
$3,600-$3,749.99	**$2,400**	$64.32	$50.40	$38.40	$19.20	$97.92	$84.00	$72.00	$52.80
$3,750-$3,899.99	**$2,500**	$67.00	$52.50	$40.00	$20.00	$102.00	$87.50	$75.00	$55.00
$3,900-$4,049.99	**$2,600**	$69.68	$54.60	$41.60	$20.80	$106.08	$91.00	$78.00	$57.20
$4,050-$4,199.99	**$2,700**	$72.36	$56.70	$43.20	$21.60	$110.16	$94.50	$81.00	$59.40
$4,200-$4,349.99	**$2,800**	$75.04	$58.80	$44.80	$22.40	$114.24	$98.00	$84.00	$61.60
$4,350-$4,499.99	**$2,900**	$77.72	$60.90	$46.40	$23.20	$118.32	$101.50	$87.00	$63.80
$4,500-$4,649.99	**$3,000**	$80.40	$63.00	$48.00	$24.00	$122.40	$105.00	$90.00	$66.00

Benefit Schedule Continued

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66 2/3% of your Monthly Compensation. Depending on your plan choice, your benefit will begin on the 8th, 15th, 31st, or 91st day of Disability.

		Monthly Premiums							
		Short-Term Disability Plans				Long-Term Disability Plans			
Monthly Salary	Monthly Disability Benefit	Plan I 8th Day	Plan II 15th Day	Plan III 31st Day	Plan IV 91st Day	Plan V 8th Day	Plan VI 15th Day	Plan VII 31st Day	Plan VIII 91st Day
$4,650-$4,799.99	**$3,100**	$83.08	$65.10	$49.60	$24.80	$126.48	$108.50	$93.00	$68.20
$4,800-$4,949.99	**$3,200**	$85.76	$67.20	$51.20	$25.60	$130.56	$112.00	$96.00	$70.40
$4,950-$5,099.99	**$3,300**	$88.44	$69.30	$52.80	$26.40	$134.64	$115.50	$99.00	$72.60
$5,100-$5,249.99	**$3,400**	$91.12	$71.40	$54.40	$27.20	$138.72	$119.00	$102.00	$74.80
$5,250-$5,399.99	**$3,500**	$93.80	$73.50	$56.00	$28.00	$142.80	$122.50	$105.00	$77.00
$5,400-$5,549.99	**$3,600**	$96.48	$75.60	$57.60	$28.80	$146.88	$126.00	$108.00	$79.20
$5,550-$5,699.99	**$3,700**	$99.16	$77.70	$59.20	$29.60	$150.96	$129.50	$111.00	$81.40
$5,700-$5,849.99	**$3,800**	$101.84	$79.80	$60.80	$30.40	$155.04	$133.00	$114.00	$83.60
$5,850-$5,999.99	**$3,900**	$104.52	$81.90	$62.40	$31.20	$159.12	$136.50	$117.00	$85.80
$6,000-$6,149.99	**$4,000**	$107.20	$84.00	$64.00	$32.00	$163.20	$140.00	$120.00	$88.00
$6,150-$6,299.99	**$4,100**	$109.88	$86.10	$65.60	$32.80	$167.28	$143.50	$123.00	$90.20
$6,300-$6,449.99	**$4,200**	$112.56	$88.20	$67.20	$33.60	$171.36	$147.00	$126.00	$92.40
$6,450-$6,599.99	**$4,300**	$115.24	$90.30	$68.80	$34.40	$175.44	$150.50	$129.00	$94.60
$6,600-$6,749.99	**$4,400**	$117.92	$92.40	$70.40	$35.20	$179.52	$154.00	$132.00	$96.80
$6,750-$6,899.99	**$4,500**	$120.60	$94.50	$72.00	$36.00	$183.60	$157.50	$135.00	$99.00
$6,900-$7,049.99	**$4,600**	$123.28	$96.60	$73.60	$36.80	$187.68	$161.00	$138.00	$101.20
$7,050-$7,199.99	**$4,700**	$125.96	$98.70	$75.20	$37.60	$191.76	$164.50	$141.00	$103.40
$7,200-$7,349.99	**$4,800**	$128.64	$100.80	$76.80	$38.40	$195.84	$168.00	$144.00	$105.60
$7,350-$7,499.99	**$4,900**	$131.32	$102.90	$78.40	$39.20	$199.92	$171.50	$147.00	$107.80
$7,500-$7,649.99	**$5,000**	$134.00	$105.00	$80.00	$40.00	$204.00	$175.00	$150.00	$110.00
$7,650-$7,799.99	**$5,100**	$136.68	$107.10	$81.60	$40.80	$208.08	$178.50	$153.00	$112.20
$7,800-$7,949.99	**$5,200**	$139.36	$109.20	$83.20	$41.60	$212.16	$182.00	$156.00	$114.40
$7,950-$8,099.99	**$5,300**	$142.04	$111.30	$84.80	$42.40	$216.24	$185.50	$159.00	$116.60
$8,100-$8,249.99	**$5,400**	$144.72	$113.40	$86.40	$43.20	$220.32	$189.00	$162.00	$118.80
$8,250-$8,399.99	**$5,500**	$147.40	$115.50	$88.00	$44.00	$224.40	$192.50	$165.00	$121.00
$8,400-$8,549.99	**$5,600**	$150.08	$117.60	$89.60	$44.80	$228.48	$196.00	$168.00	$123.20
$8,550-$8,699.99	**$5,700**	$152.76	$119.70	$91.20	$45.60	$232.56	$199.50	$171.00	$125.40
$8,700-$8,849.99	**$5,800**	$155.44	$121.80	$92.80	$46.40	$236.64	$203.00	$174.00	$127.60
$8,850-$8,999.99	**$5,900**	$158.12	$123.90	$94.40	$47.20	$240.72	$206.50	$177.00	$129.80
$9,000-And Over	**$6,000**	$160.80	$126.00	$96.00	$48.00	$244.80	$210.00	$180.00	$132.00

Pre-authorized check plan.

With American Fidelity Assurance Company
Automatic Electronic Funds Transfer

You Have Options!

Your payment can be drafted electronically from your bank account, saving you the effort of writing and mailing a check each month. Yearly, that can save you $4.00 in postage and your time. In addition, you do not have to worry about forgetting to send your payment and possibly lapsing your coverage in the process.

We Make It Simple For You!

- Read and complete each item on the authorization form below
- Include a voided unsigned check in order to allow verification of your information
- Include any payments due with your current statement
- Withdrawals will be around the 1st business day of each month

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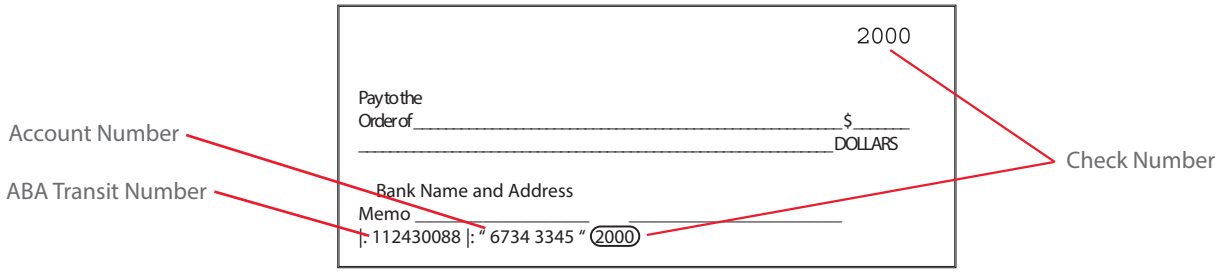
Authorization for pre-authorized check payments.



Please complete all requested information and return with your voided, unsigned check and application using the enclosed envelope.

Insured Name _____ Daytime Phone _____

Date you want the draft to start _____/ 1 /_____

ABA Transit Number _____ Account Number _____

Financial Institution Name _____

Address _____

City _____ State _____ Zip _____

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of the American Fidelity Assurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____

Signature Date

Help protect your family's future with the NEA Income Protection® Plan.

What is your most valuable asset?

For many working Americans, it is the ability to earn an income. If your paycheck suddenly stopped today, could you afford to pay your mortgage, car payments, food, and other expenses?

Did you include these items?

Take a second to ensure that you have completed and enclosed the following items so that you can be on your way to helping protect your income.

- ☐ **Application**
- ☐ **Voided Check**
- ☐ **Pre-Authorized Check Form**

Once all three items above have been received, your coverage will take effect on the first day of the following month. Premiums will be deducted monthly from your account, based on the benefit amount you selected.

NEA Income Protection® Plan Application

GROUP INSURED APPLICATION

AMERICAN FIDELITY ASSURANCE COMPANY
Attn AFES – Customer Connection NEA
PO Box 26481
Oklahoma City, OK 73126-9945

APPLICANT INFORMATION						
Name (Last, First, MI, Suffix)					Gender (M/F)	Country of Citizenship
Date of Birth (MM/DD/YYYY)	Age	Social Security Number	Requested Effective Date (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Occupation	Salary (Annually or Monthly)
Resident Address (Number and Street, City, State, Zip - Not a PO Box)						
Mailing Address (If different than resident)						
Work Phone Number (w/ area code)		Primary Phone Number (w/ area code)		Email Address		

PRODUCT SELECTION (Benefits applied for)						
			HOME OFFICE USE ONLY			
Product	Plan Amount	Premium	Policy Number	Plan Code	MCH	Billing Distribution ID
Plan I - STD - 7 day Elimination Period						
Plan II - STD - 14 day Elimination Period						
Plan III - STD - 30 day Elimination Period						
Plan IV - STD - 90 day Elimination Period						
Plan V - LTD - 7 day Elimination Period						
Plan VI - LTD - 14 day Elimination Period						
Plan VII - LTD - 30 day Elimination Period						
Plan VIII - LTD - 90 day Elimination Period						
TOTAL PREMIUM:						

SIGNATURE AND ACKNOWLEDGMENT

ELECTION: I hereby enroll, add or change, as selected above, group insurance coverage(s) for which I am eligible. I authorize my employer to deduct my contributions, if any, from my pay.

ACKNOWLEDGMENT: I understand and agree that:

- The information in this application will be used to determine my eligibility for insurance; the statements and answers shown in this application are true and complete; the Company may rely upon such answers as the basis of my contract; and no coverage will take effect until the application is approved by the Company, the first premium is received, and a Certificate is issued.
- If applying for disability income coverage. **OTHER INCOME I AM ENTITLED TO RECEIVE WILL, IF APPLICABLE, REDUCE MY MONTHLY BENEFIT. I SHOULD READ MY CERTIFICATE FOR MORE DETAILED INFORMATION REGARDING HOW OTHER INCOME WILL REDUCE MY BENEFIT.**
- "Pre-Existing Conditions" may not be covered: and I should read my Certificate for a more detailed explanation of the Pre-Existing Condition exclusion, if any. I further understand that any increase in coverage must be applied for and approved by the Company, and as explained in my Certificate, a new Pre-Existing Condition period will apply with respect to the increase.

I have received and reviewed a copy of the following consumer brochure form number(s): SB-29983.

I have also received and reviewed the outline of coverage, if applicable, and any other state mandated forms required at the time of application.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

I understand the following signature is acceptance and acknowledgment for each policy that is applied for under this application.

Applicant Signature or PIN _____ Date _____ Agent # Not Applicable

Print Agent Name (if any) Not Applicable Agent Signature or PIN (if any) Not Applicable Date Not Applicable

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Interested in applying? Call your NEA Income Protection® Plan Representative at:

888 - 461-1612 | Monday - Friday 9:00 a.m. to 6:00 p.m. (Eastern Time)

or visit our website at **www.neamb.com/IncomeProtect**

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