

Air Transport Local 591
Transport Workers Union of America, AFL-CIO

4005 Gateway Drive Suite 200 Colleyville, TX 76034
Phone: 817-591-4290 Fax: 817-591-4291

MEMBER INFORMATION SHEET

Date _____ If this is used as an Address Change only, please check here _____

Name: (Mr., Mrs., Ms.) _____

Spouse's Name _____ (to assist with benefit issues)

Mailing Address 1: _____

Mailing Address 2: _____

City _____ State _____ Zip _____

Employee Number _____ Station _____ Birth Date _____

Cell Phone _____ Home Phone _____

Non AA-e-mail Address _____

Additional e-mail Address _____

Department: (Please check one)

AMT _____ GSE Auto Mechanic/MSP _____ Facilities Mechanic/MSP _____ MLS _____

Were you ever previously a member of Transport Workers Union? YES / NO Local # _____

Employer: _____ Work Group _____

Seniority Dates: Occupation Date _____ Company Date _____

Do you currently have TWU- LTD Insurance Coverage? YES / NO

Gender: (Please check one) Male- _____ Female- _____

Shirt size: _____



Veteran's Information

Branch of Service _____

Status: Active Reserve _____ Inactive Reserve _____ Discharged _____ Retired Military _____

How would you like to receive information regarding veteran's rights, benefits, etc.? (Please check one)

Mail _____ E-mail _____ In Person _____

When completed please return this form to your TWU Local 591 Representative, or
e-mail to TWU Local 591 Recording Secretary Jorge Rojas at j.rojas@local591.com, or

mail to:

TWU Local 591

4005 Gateway Drive Ste 200

Colleyville, TX 76034



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As a new-hire to American Airlines, I want to welcome you to Transport Workers Union of America Local 591. As your Union advocates, Local 591 Representatives are here to provide you with answers to questions and concerns, and also to provide you the needed support that comes with a new job. For us to be most effective as your advocates, your active participation in Local 591 is very important.

Once you have completed your orientation, please register for access to your Local 591 website at www.local591.com. The Local 591 web-site contains important information and updates for our Membership. Occasionally, the Local purchases clothing and/or personal items, and you must be registered on the web-site and have entered your clothing size in order to receive these. It is also important that you participate in Membership Meetings and support the Local in our continuing effort to improve the lives of the Membership, like you, in obtaining increases in wages, better work rules, and a safer work environment.

As a new hire in a represented bargaining unit, you are required to join the Union within sixty days of employment and, as a condition of employment, maintain Union membership through your payment of dues. Also, as a new hire, there is an initiation fee of fifty dollars, however, if you are transferring from another TWU Local your initiation fee is waived. As established in the Constitution of the Transport Workers Union of America, monthly membership dues are two times your hourly rate of pay on the first of the month, or \$10.50, whichever is greater.

Once again, welcome aboard and please do not hesitate to contact any Local 591 Representative at your Station, Region, Executive Board, or myself, if you have any issues, questions or concerns. The Local 591 Representatives names and contact information is posted on the Union Bulletin Boards in each Station, and is also available on the local web-site at www.local591.com. Our primary goals as your accredited representatives are to both help you successfully complete your probationary period and for you to have a long and positive career at American Airlines.

Fraternally,



Gary Schaible
President
TWU Local 591



Air Transport Local 591

Transport Workers Union of America, AFL-CIO

4005 Gateway Drive Suite 200 Colleyville, TX 76034
Phone: 817-591-4290 Fax: 817-591-4291

Office Locations

(as of 01-May-2019)

Local 591 Headquarters

4005 Gateway Drive -
Suite 200
Colleyville, Texas
76034

Website:

www.local591.com

National Contacts:

Phone: 817-591-4290

Fax: 817-591-4291

Email: info@local591.com

President - g.schaible@local591.com

Vice President - p.caruso@local591.com

Recording Secretary - j.rojas@local591.com

Financial Treasurer - g.olsen@local591.com

AMT Title I Executive Board Member - russ.dittmer@local591.com

GSE/Facility Title II Executive Board Member - s.dorta@local591.com

MLS Title V Executive Board Member - m.bush@local591.com

At-Large Executive Board Member - rsimpson591@gmail.com

Local 591 Northeast Region

Website: local591.com

Contact Person: Regional Vice President - John Iuliano

Phone: 516-492-0478

Email: J.Iuliano@Local591.com

Local 591 Southeast Region

6355 N.W. 36th St. # 509
Miami, Florida 33166

Website: local591.com

Contact Person: Regional Vice President - Richard Rivera

Phone: 772-708-6136

Email: R.Rivera@Local591.com

Local 591 Central Region

50 West Oakton Street
Des Plaines, Illinois 60018

Website: local591.com

Contact Person: Regional Vice President - Steven Losos

Phone: 708-205-6810

Email: S.Losos@Local591.com

Local 591 Southwest Region

Website: local591.com

Contact Person: Regional Vice President - Steve Halter

Phone: 817-637-6532

Email: S.Halter@Local591.com

Local 591 Western Region

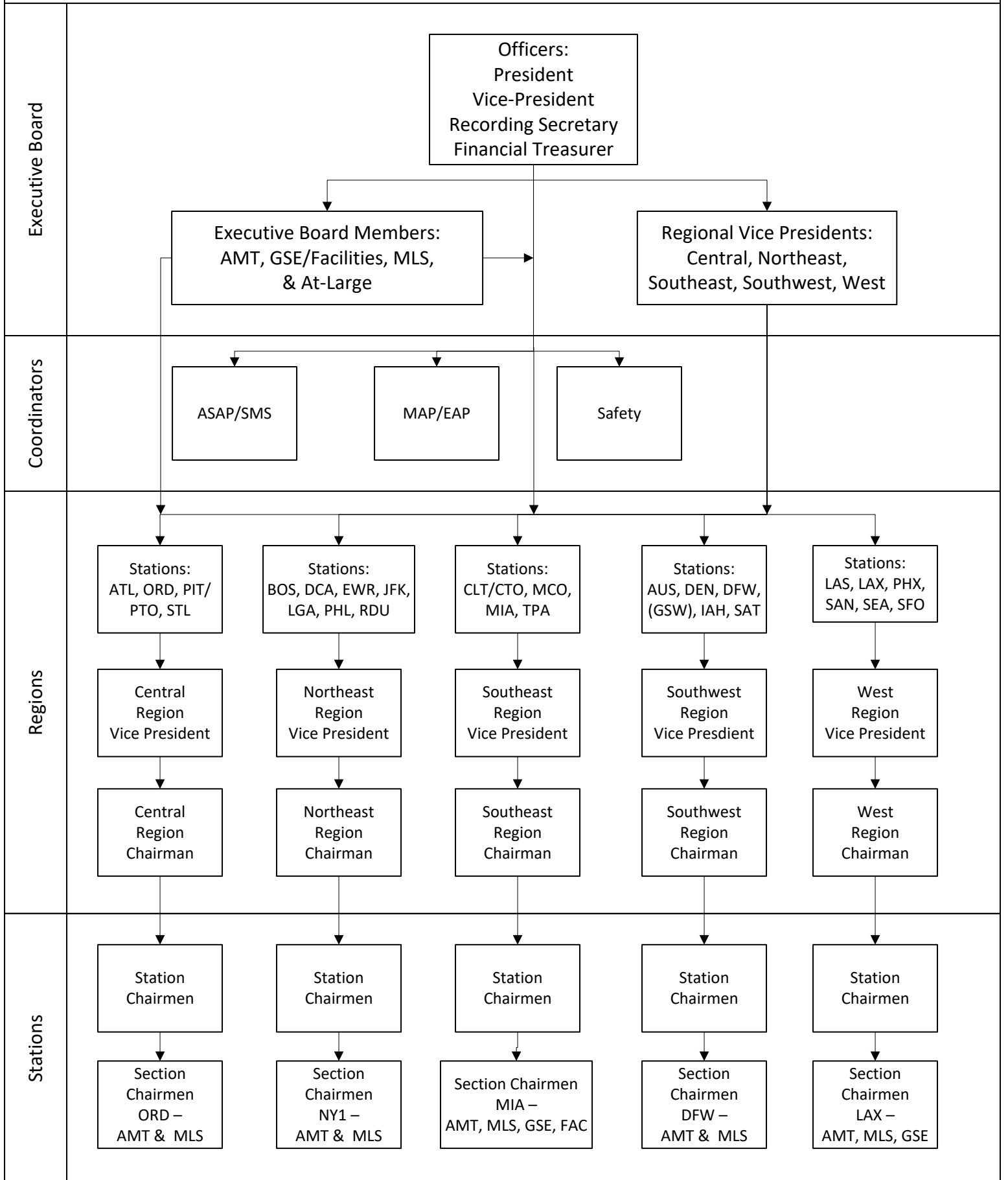
Website: local591.com

Contact Person: Regional Vice President - John Ruiz

Phone: 310-701-3094

Email: J.Ruiz@Local591.com

TWU Local 591 Organizational Chart





Air Transport Local 591
Transport Workers Union of America, AFL-CIO

4005 Gateway Drive Suite 200 Colleyville, TX 76034
Phone: 817-591-4290 Fax: 817-591-4291

EAP / Member Assistance Representatives

Ken Morse - 1-(815)-483-8585 - k.morse@local591.com
Central Region National EAP and Benefits-Member Assistance Program Coordinator

Tony Lepore - 1-(940)-538-8817 - t.lepore@local591.com
Southwest Region National Benefits and EAP-Member Assistance Coordinator

Danny Wilson – 1-(631)-334-0933 - d.wilson@local591.com
Northeast Region Member Assistance Program EAP and Benefits Coordinator

Rawle Skeet – 1-(954)-559-7505 - r.skeete@local591.com
Southeast Region Member Assistance Program EAP Coordinator

Sean Bruno – 1-(310)-594-2025 - s.bruno@local591.com
West Region Member Assistance Program EAP and Benefits Contact

For Assistance - Please call or e-mail above.

The Local 591 EAP / Member Assistance Program is committed to assisting members and their families, with all their needs including but not limited to: Drugs, Alcohol, Depression, Bi-Polar Disorder and Marriage & Family needs.

When necessary, we have qualified professionals we can refer you to, who will address your needs accordingly.

We are also available to assist you with other benefit questions; including AA, STD, LTD, FMLA and IOD.

Central Region:

ATL, ORD, PIT/PTO, and STL

Northeast Region:

BOS, DCA, EWR, JFK, LGA, PHL and RDU

Southeast Region:

CLT/CTO, MCO, MIA, SJU and TPA

Southwest Region:

AUS, DEN, DFW, GSW, IAH and SAT

Western Region:

LAS, LAX, PHX, SAN, SEA and SFO

TWU LOCAL 591
ASSIGNMENT AND AUTHORIZATION FOR
CHECK-OFF OF UNION DUES

To:

American Airlines Payroll

E-Mail Address: payroll@aa.com

CC to: G.Olsen@Local591.com

I, _____

(Full Name: Do Not Use Initials)

I hereby assign to the Transport Workers Union of America, AFL-CIO, and my Union dues from any wages earned or to be earned by me as your employee. I authorize and direct you to deduct the flat sum of (applicable rate), which is the bi-weekly equivalent of my monthly membership dues, or such bi-weekly equivalent as may hereafter be established by the Union as my membership dues, from each bi-weekly paycheck and to remit the same to the Union.

This assignment, authorization, and direction may be revoked by me, in writing, after the expiration of one year from the date hereof, or upon the termination date of the labor agreement in effect at the time this is signed, whichever occurs sooner.

This authorization and direction is made subject to the provisions of the Railway Labor Act, as amended, and in accordance with the existing Agreement between the Union and the Company.

Employee Name (Print): _____

Employee Signature: _____

AA Employee Number: _____

Station _____ Cost Center: _____

Department: _____

Local Union Number: **TWU LOCAL 591**

Date: _____



Transport Workers Union of America Air Transport Local 591

IMPORTANT INFO

Long Term Disability Insurance (New Hire)

Welcome,

Long Term Disability (LTD) insurance is a benefit offered to New Hires as members of Transport Workers Union Local 591. New members should read and understand the benefit that the TWU-LTD policy provides and consider purchasing the policy as a new hire.

This benefit is an automatic enrollment to new hires if you do not select the "*decline LTD*" box on the new hire enrollment form provided in your TWU new member packet. Insurance Premiums will show on your payroll record as TWU-LTD. Members can cancel the policy at any time by filling out the TWU-LTD withdrawal form. The withdrawal forms and policy information are provided in your TWU Local 591 new member packet, and are also located on the local591.com website.

This is the only time the New Hires will be eligible for TWU-LTD at a Guarantee of Issue. If it is not selected at this time or canceled later, eligibility will be assessed through a medical evaluation and application. If there are any health concerns, members could be denied coverage and ineligible for a policy with this carrier.

Fraternally,

Anthony Lepore
National Benefits Coordinator

Benefits Enrollment Form for Transport Workers Union of America

Hartford Life and Accident Insurance Company

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

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



Instructions: 1) Please print clearly with blue or black ink and provide complete information. (Missing information causes delays.) 2) Please review the applicable benefit highlight/summary information for each product prior to electing coverage. You (member) and your dependent(s) (if applicable) are only eligible for coverage as allowed by the applicable group policy. 3) For each coverage, please check the appropriate box(es) to elect or decline coverage and enter amounts where necessary. 4) Please sign and date the form. 5) Please return this form to: Shawnya Canfield Transport Workers Union of America Local 513 N. Kimball Ave Southlake, TX 76092 Main Line - 817-756-1452 (Do not submit or send the form directly to The Hartford.)

MEMBER INFORMATION

Name (FIRST MI LAST)		Member ID	Local #
Date of Hire (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Telephone Number	

VOLUNTARY LONG TERM DISABILITY INSURANCE

Coverage for Member Only	Elect Coverage	Decline Coverage
Member	<input checked="" type="checkbox"/> *	<input type="checkbox"/>

Additional Information:

- Your benefit amount is based on your earnings; therefore, your benefit and premium amount will change as your earnings change.
- You are responsible for 100% of the premium for this coverage. Please see the Premium Worksheet for details.
- If you were previously eligible for coverage and are enrolling for the first time, you must complete and submit an evidence of insurability (EOI) form/health application. The form is available from your employer.
- *Your employer will automatically enroll you for this coverage. If you wish to opt out, check the decline coverage box.

CONFIRMATION & SIGNATURE

By signing below:

- I acknowledge that I have been given the opportunity to enroll in the insurance coverage offered by my employer.
- I understand and agree that: 1) If I decline coverage now, but later decide to enroll, I may be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective; 2) My request for coverage may be denied by The Hartford; 3) Insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy; 4) Only the insurance policy(ies) issued to my employer can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance coverage; 5) In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy; 6) No insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy(ies) as issued to my employer; and 7) If group participation requirements are required and are not met, the policy(ies) may not be implemented and the coverage I have elected may not be in force.
- I authorize payroll deductions from my wages to cover my cost of coverage where applicable. I understand that any premium amounts indicated on this form are estimates, which are subject to change based on the final terms of the applicable policy, and may be subject to ongoing change based on my age and/or earnings. I also understand that rates and benefits may be changed by the insurer.
- I have read and understand the "Important Notice – Fraud Warning Statements" that applies to my state of residence.

Member Signature	Date of Signature
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END OF FORM – PLEASE REVIEW THE "IMPORTANT NOTICE – FRAUD WARNING STATEMENTS" ON THE FOLLOWING PAGE

Benefits Enrollment Form

Important Notice – Fraud Warning Statements

Hartford Life and Accident Insurance Company

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

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



Please read the statement that applies to your state of residence prior to signing the enrollment form.

For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: The falsity of any statement in the application for any policy covered by this chapter shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 a statement of claim or 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 Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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 policy is subject to criminal and civil penalties.

For residents of New Mexico and North Carolina: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of New York (not applicable to Life Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).¹

TRANSPORT WORKERS UNION OF AMERICA

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

You may enroll for the following long-term disability benefit. Your minimum monthly benefit will be the greater of \$100 or 10% of the benefit based on monthly income loss before the deduction of other income benefits.

MEMBER	BENEFIT PERCENTAGE	MAXIMUM	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
Full Time Flight Dispatchers, Simulators, FCTI, SIMP & Flight Simulator Engineers	the lesser of 50% of your earnings without reductions due to other income you receive; or 70% of your earnings less other income you receive while you are disabled	\$6,000	After 180 days disabled	Disabled before: Age 61 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 3.5 years
All Other Eligible Full Time Members	the lesser of 50% of your earnings without reductions due to other income you receive; or 70% of your earnings less other income you receive while you are disabled	\$5,000	After 180 days disabled	Disabled before: Age 61 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 3.5 years
Part Time Members	50%	\$500	After 180 days disabled	Disabled before: Age 61 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 3.5 years

PREMIUMS

See the Premium Worksheet.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active member of the Transport Workers Union of America; AFLCIO who is employed by American Airlines/Envoy Air and classified as Payroll Type 1, Payroll Type 2, Payroll Type 3 or Payroll Type 5; Dispatcher's Assistant; Instructor; Technician; Flight Dispatcher/Flight Simulator; or member employed by Allied Fueling, who works on a regularly scheduled basis at least 30 hours per week if full-time or at least 20 hours per week if part-time.

AM I GUARANTEED COVERAGE?

If you are electing coverage for the first time you will be required to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective. If you are currently enrolled, evidence of insurability is not required to maintain your current coverage.

This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet.³

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

If you wish to opt out you must do so prior to 2/28/2018.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premium is provided on the Premium Worksheet.

Premium will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is April 1, 2018.

You must be actively at work with your employer on the day your coverage takes effect.

WHAT DOES IT MEAN TO BE DISABLED?

Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 50% of your pre-disability earnings.

Pre-disability earnings are defined in your policy.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

¹U.S. Social Security Administration Fact Sheet. Web. 30 June 2017 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

²Rates and/or benefits may be changed.

³The Long Term Disability policy contains a Pre-Existing Condition Exclusion. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

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This Benefit Highlights document 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 document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LONG TERM DISABILITY INSURANCE

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation

PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
 - You have not received treatment for your condition for 3 months after the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
 - You have already satisfied the pre-existing condition requirement of your previous insurer

LIMITATIONS

- **Mental Illness Limitation.** If you are disabled because of Mental Illness, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.
- **Substance Abuse Limitation.** If you are disabled because of alcoholism or use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Workers' compensation
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

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Prepare. Protect. Prevail. With The Hartford.®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This Benefit Highlights document 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 document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

PREMIUM WORKSHEET



Rates and/or benefits can change.

GROUP 1: Full-Time Members at American Airlines, excluding Flight Dispatchers/Simulators who are not eligible for the Disability Pension ("not eligible" means under age 50 or less than 15 years of credited experience)

Rate:

\$0.9700 per \$100 Monthly Covered Earnings for first \$1,250 of earnings plus \$2.0200 per \$100 Monthly Covered Earnings above \$1,250

Group 1 SAMPLE Costs					
Annual Income	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$20.54	\$37.38	\$54.21	\$71.04	\$87.88
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$4.74	\$8.63	\$12.51	\$16.39	\$20.28

GROUP 2: Full-Time Members at American Airlines, excluding Flight Dispatchers/Simulators who are eligible for the Disability Pension ("eligible" means at least age 50 with at least 15 years of credited experience)

Rate:

\$6.14 per employee per month for first \$1,250 of earnings plus \$1.0300 per \$100 Monthly Covered Earnings above \$1,250

Group 2 SAMPLE Costs					
Annual Income	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$10.43	\$19.02	\$27.60	\$36.18	\$44.77
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$2.41	\$4.39	\$6.37	\$8.35	\$10.33

GROUP 3: Full-Time American Airlines and Envoy Air Flight Dispatchers/Flight Simulators

Rate:

\$0.8200 per \$100 Monthly Covered Earnings for employees under age 50 and those not eligible for disability pension, and \$0.6700 per \$100 Monthly Covered Earnings for employees age 50 and above and eligible for disability pension

Group 3 SAMPLE Costs – Under Age 50 and Those Not Eligible for Disability Pension					
Annual Income	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$13.67	\$20.50	\$27.33	\$34.17	\$41.00
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$3.15	\$4.73	\$6.31	\$7.89	\$9.46

Group 3 SAMPLE Costs – Age 50 and Above and Those Eligible for Disability Pension					
Annual Income	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$11.17	\$16.75	\$22.33	\$27.92	\$33.50
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$2.58	\$3.87	\$5.15	\$6.44	\$7.73

GROUP 4: Part-Time American Airlines and Envoy Air Members

Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$6.20
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$1.43

GROUP 5: Full-Time Members at Allied Fueling

Rate:

\$0.4850 per \$100 Monthly Covered Earnings for first \$1,250 of earnings plus \$1.0300 per \$100 Monthly Covered Earnings above \$1,250

Group 5 SAMPLE Costs					
Annual Income	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$10.35	\$18.94	\$27.52	\$36.10	\$44.69
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$2.39	\$4.37	\$6.35	\$8.10	\$10.31

GROUP 6: Full-Time Envoy Air Members

Rate:

\$0.70 per \$100 Monthly Covered Earnings

Group 6 SAMPLE Costs					
Annual Income	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000
Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$11.67	\$17.50	\$23.33	\$29.17	\$35.00
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$2.69	\$4.04	\$5.38	\$6.73	\$8.08

GROUP 7: Part-Time American Airlines and Envoy Air Flight Dispatchers/Flight Simulators

Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$5.18
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$1.20

GROUP 7: Part-Time Members of Allied Fueling

Monthly Premium Amount (Cost per Pay Period – 12/Year)	\$5.18
Weekly Premium Amount (Cost per Pay Period – 52/Year)	\$1.20

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Prepare. Protect. Prevail. With The Hartford.®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This document 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 document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.



Dear Member,

Effective **January 1, 2017**, your Long Term Disability insurance carrier changed to The Hartford. The Hartford is a leading provider of group Disability Insurance and has been protecting people like you and your family since 1810.

Disability insurance is designed to help replace a portion of your income if you can no longer work as a result of an illness or injury. This tax-free benefit can help pay for your living expenses such as your mortgage, child care expenses, debts/loans, etc. so you can focus on your recovery and not worry so much about your bills.

Your income ensures your way of life. That's why the Transport Workers Union of America is offering Group Long Term Disability insurance from The Hartford to help make certain that if the unexpected happens, you and/or your family can have a financial safety-net to fall back on. And because this coverage is available at a group rate, it's more affordable than you might think.

- For members that were already enrolled in Long Term Disability insurance prior to January 1, 2017, your in-force coverage was automatically transferred over to The Hartford with no lapse in coverage.
- For new members who were hired anytime during calendar year 2017, you will be automatically enrolled in Long Term Disability coverage that will become effective **April 1, 2018** without **Evidence of Insurability**. For those members that wish to waive this coverage, written notification of denial of the coverage is required. The Enrollment/Denial of Coverage form is included in this information package. If you wish to opt out you must do so by **February 28, 2018**.
- For members who did not enroll in LTD when first eligible, you may enroll at any time, however, Evidence of Insurability will be required and must be approved by The Hartford for the coverage to become effective.
- If you are a legacy US Air Employee or a former Management Employee that is now a current member of TWU Local #548 that was not previously offered an opportunity to enroll in the TWU Long Term Disability Insurance Plan, you are considered as newly eligible and you can elect to enroll in the plan through **February 28, 2018** without Evidence of Insurability. Your completed enrollment form must be returned by **February 28, 2018**. Evidence of Insurability will be required if you elect to enroll after that date.

Note: Any claims for disability prior to January 1, 2017 will be processed by the insurance carrier that was as active when your claim was filed and will not transition to The Hartford.

Enclosed with this notice are additional details concerning your Long-Term Disability benefits, a Rate/Cost sheet, and a form for the Enrollment/Denial of Coverage. For further information, or if you have any questions, please contact your Local President, Benefits Coordinator, or TWU LTD Coordinator Shawnya Canfield at (817) 756-1452 or Shawnya.canfield@twu513office.com.

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