

The association discount is available on select individual disability insurance products. **All associations must be approved by The Standard before solicitation can begin.** If you have an association you believe might qualify, please read the information below. Complete and submit the application on page two of this packet, together with a signed letter of authorization (see examples on pages four and five), to Individual Disability Sales and Marketing, mail drop P6D, at the above address. Or, fax your materials to Carol Marsh at 971.321.7977. Other required materials are outlined below. Please direct questions to your Inside Sales Representative at 800.992.4446, or e-mail [getinfo@standard.com](mailto:getinfo@standard.com).

Once an association is approved by The Standard, a welcome letter containing the association number will be sent to the authorized producer. The association number must be included on all new applications that qualify for the discount. Only the producer(s) whose name(s) appear(s) in the authorization letter(s) may solicit business from association members. However, The Standard will honor the discount if a member of the association, without being solicited, chooses to sign an application with another producer contracted with The Standard. An association may authorize more than one producer with The Standard.

### 1. Association Criteria

- 1) The association has at least 100 members; all members have the same occupation and that occupation falls into a 5A, 4A, 4P, 3A, 3P, 2A, A or B occupational class.
- 2) The association is an established state or local professional association formed for the purpose of promoting a profession and not for the purpose of obtaining insurance for its members. Associations connected solely with a place of employment, national associations, chambers of commerce, and ethnic, social, fraternal, or alumni groups are not eligible.
- 3) The association has a constitution and bylaws and has been in existence for a minimum of two years prior to its endorsement of The Standard products.
- 4) **Policies are issued at gender-neutral rates on The Protector+<sup>SM</sup> and gender-distinct rates on The Business Protector<sup>SM</sup>.**

### 2. The Discount

The premium discount is 10% for approved associations on The Protector+ and The Business Protector products.

Before the discount will be applied to any policy issued to a member of the association, at least three lives and a total annual premium of \$3,600 must be submitted and paid. The discount will apply to the policy on the third life and to all subsequent policies once the \$3,600 qualifying premium amount is reached. Additionally, once the policy on the third life is in force and the \$3,600 qualifying premium is reached, the discount will be applied to each of the first two policies starting with their next due premium.

No discount will be available for policies applied for prior to the approval of the association.

Special underwriting concessions (other than the premium discount) are not made.

### 3. Producer Requirements

Please submit the following together with your application for association approval:

- 1) a letter of confirmation from an authorized representative of the association identifying the producer(s) as a primary sales representative and The Standard as an authorized disability insurance carrier.
- 2) a marketing plan detailing how the producer will solicit and support business from the association.

Once an application has been approved by The Standard, the producer is required to:

- 1) put in force at least 24 policies each calendar year (pro-rated for the first year); and
- 2) submit all marketing materials that will be used to promote the association (including the association announcement letter), to The Standard for compliance review and approval before use. (Please allow at least 15 business days for the review process.)

A sample association announcement letter is shown on page 6.

**4. The Employee Retirement Income Security Act (ERISA) and Resident/Hospital Discounts**

There may be instances in which the program you are seeking a discount for may be subject to ERISA guidelines. An ERISA endorsement will be included in all policies issued under the program if any of the following conditions apply.

- 1) The employer sponsors or endorses the sale of disability insurance coverage for members of the association;
- 2) The employer recommends the purchase of disability insurance coverage to the members of the association;
- 3) The employer owns any of the policies; or
- 4) The employer pays the premiums for any policies issued to members of the association. However, this condition will not apply if the employees reimburse the employer for the entire premium paid by the employer, or the employer merely facilitates payment by employees through a list bill arrangement.

Please review the subject of ERISA with the employer to determine if they intend the program be subject to ERISA guidelines, and complete the ERISA Endorsement section of the Association and Resident/Hospital Program Discount Guidelines for Disability Insurance.

5. Contact and Case Information				
PRODUCER NAME(S)		PRODUCER NUMBER		AGENCY NUMBER
ADDRESS			PHONE	FAX
CITY	STATE	ZIP	E-MAIL	
NAME OF ASSOCIATION				
OCCUPATION(S)				
NUMBER OF MEMBERS			YEAR FORMED	

Geographical Area \_\_\_\_\_

Current or Previous Disability Insurance Carrier \_\_\_\_\_

If prior coverage was or is being discontinued, what was the reason? \_\_\_\_\_

Claim Experience of Previous Carrier \_\_\_\_\_

Plan(s) expected to be written:     The Protector+ — 10%     Business Protector (overhead expense) — 10%

**6. ERISA Endorsement (Resident/Hospital Program only)**

I have discussed ERISA guidelines with the employer. (Check the box for the statement that applies.)

- This employer will endorse the association discount offered on individual disability insurance products offered by The Standard and/or will pay premiums on individual disability insurance sold to association members.
- This employer authorizes a sales representative of The Standard to communicate with members of the association about the individual disability insurance offered by The Standard, but the employer will not recommend or endorse the association discount on individual disability insurance sold to association members.

**7. Marketing Information (if more space is required, please attach separate sheet)**

How will members be informed of the association discount? \_\_\_\_\_

How will the association assist in the marketing? \_\_\_\_\_

How many applications per year are anticipated? \_\_\_\_\_

How will applications be solicited? (Applications must be completed in person.) \_\_\_\_\_

Will other carriers be involved in the sale of disability insurance products to this association? If so, what carriers and how will the sales be distributed? \_\_\_\_\_

If this association is approved, I agree to follow the terms outlined in the endorsement guidelines on page one of this application packet and the marketing plan submitted with this application.

\_\_\_\_\_  
 PRODUCER SIGNATURE DATE

**8. Home Office Approval**

The association named above is  Approved  Disapproved as follows:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 HOME OFFICE SIGNATURE DATE

Association  
Letterhead

Date

[Producer's Name]  
Standard Insurance Company  
1100 SW Sixth Avenue  
Portland, Oregon 97204

Dear [Producer's Name]:

This letter confirms that Standard Insurance Company has been accepted as an authorized disability insurance carrier for the sale of disability insurance to members of the [Association Name]. [Association Name] agrees to authorize the sale of The Standard's disability insurance policies to the members of the [Association Name]. [Association Name] acknowledges that [Producer Name(s)] shall be the primary sales representative(s) of individual disability insurance policies from The Standard to members of [Association Name]. This agreement can be terminated by either party at any time.

[Association Name] agrees to cooperate with The Standard and [Producer Name(s)] in the presentation and sale of individual disability insurance products from The Standard to members of the [Association Name], subject to any additional agreements between The Standard and [Association Name]. Additionally, this authorization is provided with the understanding that members of the [Association Name] will be entitled to a permanent 10% premium discount.

Any questions concerning this authorization of the sale of individual disability insurance products from The Standard should be directed to [Name of Authorized Officer of Association] and [Anyone Else Authorized to Answer Questions].

Sincerely,

John Q. Smith  
Authorized Officer

Hospital  
Letterhead

Date

[Producer Name]  
Standard Insurance Company  
1100 SW Sixth Avenue  
Portland, Oregon 97204

Dear [Producer Name]:

This letter confirms that Standard Insurance Company is an authorized disability insurance carrier for the sale of individual disability insurance to medical residents and interns at [Name of University or Hospital], and those medical residents and interns who chose to participate will be entitled to a 10% permanent premium discount off gender neutral rates for The Standard's disability insurance policies. [Name of University or Hospital] authorizes [Name of Producer and Agency Name] to make use of school facilities to communicate to the medical residents enrolled in our medical resident program about individual disability insurance offered by The Standard. We understand that these communications may include presentations held on-site and the distribution of marketing information directly to the medical residents and interns. This authorization to make use of their facilities to communicate to medical residents may be withdrawn by the [Name of University or Hospital] at any time.

This letter relates to the sale of individual disability insurance policies to medical residents of the [Name of University or Hospital] under an association discount program offered by The Standard. Policies issued to medical residents or interns under this program will be owned by individual residents and interns, and not be owned by or paid for by [name of university or hospital]. By allowing [Name of Producer and Agency Name] to make use of their facilities to communicate to the medical residents and interns, [Name of University or Hospital] is not sponsoring the sale of disability insurance products to its medical residents and interns or recommending the purchase of any insurance product. [Name of University or Hospital] is not affiliated in any way with The Standard.

Any questions that participants in our medical resident program may have will be directed to [Name of Producer].

Sincerely,

John Q. Smith  
Authorized officer or departmental head  
[Name of University or Hospital]

Association  
Letterhead

Dear [Association Name] Member:

What would happen if you could no longer work because of a long-term illness or injury? Would you or your family be able to make ends meet without your income?

[Association Name] recognizes your most important asset is your ability to earn an income and so we are pleased to authorize the offer, at a 10% discount to our members, of quality individual disability insurance products from Standard Insurance Company.

The Protector+<sup>SM</sup> individual disability income insurance is available to eligible members of [association name]. This policy is guaranteed renewable and includes many excellent benefits. It can be customized with optional riders<sup>1</sup> and benefit periods to meet your needs and if you own a business, you can insure your business overhead expenses with The Business Protector<sup>SM</sup>.

One in five Americans will experience a long-term disability before age 65<sup>2</sup>. This is your opportunity to protect yourself before a disabling illness or accident happens.

Already have disability insurance coverage? You may be able to take advantage of the [Association Name] discount to obtain a better premium rate than you are currently paying and to improve the coverage you already have.

This is not an offer of insurance coverage. Any insurance coverage issued will be subject to the terms of your insurance policy. To receive cost information or further details regarding this individual disability insurance program, call [Producer Name(s)] of [Agency Name] Insurance at [Agent phone] or a representative of The Standard at 800.247.6888.

Sincerely,

John Q. Smith, President  
Association Name

1. Riders are available at additional cost.  
2. If past trends continue. 1985 Commissioners Individual Disability Table A.