



Trust Income Protection Plans are flexible and responsive!

- “Your own occupation” definition of disability (LifeStyle Plans)
- Monthly benefits of up to \$10,000
- Choice of benefit payment periods (5-year plan or to age 65)
- Choice of benefit Waiting Periods (28, 90, or 180-days)
- Residual benefits to ease your return to work
- May be maintained regardless of age as long as you work 20 hours per week
- **Guaranteed Insurability Option, (GIO)*** guarantees that you can purchase additional monthly income protection as your earnings increase without medical evidence of insurability
- **Benefit Booster**** prevents Cost of Living increases from eroding the purchasing power of your protection
- **Additional dollars** to replace retirement plan contributions

* Each May 1, you may purchase up to 10% of the initial benefit selected provided you are actively at work and have not been hospitalized in the 6 months prior to May 1. The maximum amount of increase is limited to the maximum benefit of the program.

** The maximum accumulated benefit under this option will be 200% of the monthly benefit you have selected.

The Trust

Income Protection Plan

It works when you can't.

Who would your family turn to if you weren't able to work due to an illness, injury, or sickness? Where would the money come from to pay the mortgage, taxes, car payments, college tuition, and other expenses? Federal Housing Administration statistics show that 46% of all mortgage foreclosures are due to disability.

Your earning power is the key to your family's financial well-being.

Financial planners recommend income protection insurance, sometimes called disability insurance, as a key element in your overall asset protection program. Your earning power is probably the most important resource for your family, and you can protect it simply and inexpensively.

What are the chances of being disabled?

Much greater than you ever imagined! According to the American Society of Actuaries, it's greater than the risk of death between ages 25 and 65 at every age. Chances are one in two that a 30-year-old will be disabled for more than three months before age 65. It's not a risk you should ignore, especially when Trust Income Protection Plans can provide the replacement income and peace of mind you need at affordable group rates.



Why Trust Income Protection Insurance?

The plan is designed for psychologists by psychologists who really understand the commitment it takes to have a career in psychology and the duties associated with the practice of your profession. **All plans may be continued for as long as you work at least 20 hours per week on a regular basis, regardless of age.**

What about Social Security Disability Income?

There are disability benefits available from Social Security, but only under limited circumstances! The Social Security Administration defines disability as **the inability to engage in ANY substantial work activity (currently defined as a dollar amount set by law at no more than \$500 a month)** due to a medically determinable physical or mental impairment expected to last for at least 12 months or **result in death**.

How much Income Protection do I really need?

We recommend that individuals apply for enough Income Protection Insurance to replace 60% of their annual earnings minus any business expenses/overhead if self-employed. This level of coverage usually provides enough income to cover the basic needs of the family such as mortgage payments or rent, insurance premiums, food, clothing, automobile operation and maintenance, installment payments, utilities, real estate, income and other taxes and children's school expenses. It's important to remember that premiums paid with personal *after tax dollars* in most cases provide federally tax-free disability benefits. Therefore, a 60% replacement ratio plan really replaces about 85%–90% of your net spendable income depending upon your tax situation.

Note: If you are self-employed and wish to protect your business expenses, please check out our Office Overhead Disability program.

How long do I wait before the plan benefits begin?

You can choose a benefit Waiting Period to suit your individual needs. Generally, the longer you wait for benefits to begin after becoming disabled, the lower the cost of the plan. A Waiting Period should be viewed as a *deductible* on other insurance you own. Try to dovetail the beginning of benefit payments to coincide with the time when any salary continuation plan runs out. Benefit waiting periods of 28, 90, and 180 days are available for LifeStyle-5 and LifeStyle-65 plans.

Plan features offer comprehensive protection!

Benefit Booster is designed to increase the benefit being received once each year on the date disability payments begin by a maximum of 3% or the annual percentage increase in the Consumer Price Index, whichever is less. You may add this feature to help offset the ravages of inflation on the purchasing power of your benefit.

Guaranteed Insurability Option (GIO) is automatically included in all LifeStyle plans and allows the purchase of additional Income Protection Insurance each year without medical evidence of insurability. As your income grows, your needs change and your Trust Income Protection Insurance can be increased regardless of your medical condition. Increases up to 10% rounded to the nearest \$100 of your initial benefit may be purchased by opting to increase the protection each May 1. To qualify, you must request an increase each year during the month of April, must be actively at work, not have been hospitalized in the prior 6 months, and provide income verification.

What are my choices?

Trust Income Protection Insurance is designed to replace lost earnings **in the event of total disability resulting from injury, accident, or sickness**. Subject to certain limits discussed in the brochure and the certificate, this insurance will pay you a benefit **if you are prevented from performing the duties of your occupation**.* It's important to remember that the APA Insurance Trustees, comprised of insurance professionals who are experts in the field, and psychologists who are engaged in your profession, actually designed these plans. The Economizer plan contains the actual definition of disability as described in that section.

LifeStyle-5 Plan

This Income Protection Plan provides disability benefits for **a period of up to five years or age 62, whichever comes first**, for disabilities commencing before age 60. For disabilities commencing between ages 60–65, **benefits continue for two years or to age 65, whichever comes first**. For disabilities beginning on or after age 65, **benefits will be paid for one year**.

LifeStyle-65 Plan

Disability benefits under this plan can span your entire working career. For disabilities which commence **prior to age 60, benefits are paid until age 65**. For disabilities commencing between the ages of 60–65, **benefits are paid for two years or to age 65, whichever comes first**. For disabilities commencing after age 65, **benefits will be paid for one year**.

LifeStyle-65 Plus Plan

LifeStyle-65 Plus offers you the opportunity to replace as much as **67%** of your taxable income rather than a 60% replacement. The higher replacement ratio provides funds that will allow a continuation of contributions to your retirement/savings plan. It's important to remember that even a long term disability may not affect your longevity and that a continuation of retirement plan funding may be critical for you and your spouse. This plan enables you to replace your **current income** and **continue to set funds aside for your future retirement**. When submitting an application, you will be required to include proof that you are contributing to a retirement/savings plan on a regular basis.

Economizer 65 Plan

The Economizer maximizes your insurance premium dollar by providing a cost contained plan of disability income insurance. The duration of disability benefits is the same as for LifeStyle-65 plans.

Disability benefits under this plan can span your entire working career. For disabilities which commence prior to age 60, benefits are paid until age 65. For disabilities commencing between the ages of 60–65, benefits are paid for two years or to age 65, whichever comes first. For disabilities commencing after age 65, benefits will be paid for one year.

The difference between the Economizer and other Trust endorsed plans of Income Protection insurance is that the definition of disability becomes more restrictive after the first two years of benefit payments under this plan.

- (A) *For the first 27 months, you are considered totally disabled if you are completely unable due to sickness or bodily injury to perform the duties of your normal occupation and not performing any other occupation.*
- (B) *After the first 27 months, you would be considered totally disabled and benefit eligible if you are unable due to sickness or bodily injury to perform any occupation for which you are reasonably suited by education, training or experience.*

Other Trust endorsed Income Protection plans incorporate a more liberal definition of disability commonly referred to as a “your own occupation” definition **for the entire episode of disability (definition A above)**.

This Plan is offered with a 90 day waiting period, without Benefit Booster and Guaranteed Insurability options. It is about 25% less costly than our LifeStyle-65 program that offers these two features together with a more liberal definition of disability as described above.

This Income Protection policy is designed for those members and their spouses who have limited budgets and who wish to implement a basic level of income protection insurance.

5 years or to age 65—what is best for me?

The table below shows the likelihood of a continuing disability for an individual who has been disabled for 90 days. This should be helpful as you consider our plans.

Obviously a plan providing benefits to age 65 costs more than a plan which provides benefits limited to 5 years.

Age When Disabled for 90 Days	People Still Disabled at End of Two Years and 90 Days	People Still Disabled at End of Five Years and 90 Days
25	63.50%	44.20%
35	69.70%	52.60%
45	73.60%	58.00%
55	77.60%	59.60%

Source: Insurance Commissioners' Disability Tables

Residual Benefits

This benefit provision encourages a person receiving benefits to gradually return to work without losing disability benefits. If immediately following a period of total disability which has lasted 6 months or longer, you return to work but your earnings are less than 75% of pre-disability average earnings, the plan will pay an amount equal to the percentage of your lost earnings applied to the disability benefit for the next 12 months. For instance, if you were receiving a \$5,000 monthly benefit and your post disability income derived from employment is 75% of your income prior to disability, the plan will pay \$1,250 a month for the next 12 months (25% of \$5,000).

Survivor Benefits

All Trust Income Protection plans now include a three-month survivor option. If you should die while receiving Total Disability benefits, the plan will pay your survivors a sum equal to 3 monthly benefit payments. This benefit will be paid to your surviving spouse and children, or your brothers and sisters; otherwise to the executor or administrator of your estate.

Rehabilitation Assistance

Liberty Mutual is a leader in providing rehabilitation resources to disabled insureds to help them get back to work. Liberty Rehabilitation Specialists review case histories to select those individuals whom they feel would benefit from rehabilitation efforts. These resources are free of charge and participation is voluntary. Participation in these programs will not cause disability benefits to terminate.

Successive Periods of Disability Provision

This provision recognizes that if an insured suffers a period of successive disability, from the same or related cause, benefit payments will begin again immediately without the imposition of a new benefit waiting period. Successive periods of disability due to the same or related causes will be considered one period of disability unless they are separated by the insured's return to active work on a full-time basis for at least 6 months or coverage terminates.

Waiver of Premium

In the event of total disability for six consecutive months, premiums due are waived until the next quarterly payment date which follows cessation of disability benefits.

Plan Provisions, Exclusions and Limitations

- Benefits are payable only for periods of disability for which you are under the care of a fully licensed physician and meet the definition of total disability in the policy.
- Benefits will not be paid for disability caused by pre-existing conditions which existed prior to being insured by this insurance for which treatment, including medication or prescriptions, was rendered or charges were incurred within six months before the effective date of insurance. However, pre-existing conditions are covered after six months (one year for mental illness or emotional maladjustment) has elapsed where no treatment has been rendered or charges incurred for such illness (this includes medication or prescriptions).
- The maximum length of time for which benefits are payable for any one period of disability varies according to age at the time disability begins and the plan you select.
- Benefits for a disability resulting from alcohol, drug abuse, or mental illness will not be paid for more than 24 months. Benefits will be paid for disabilities resulting from these conditions only if you enter and remain active in a program of rehabilitation designed to cure or minimize the condition.
- Benefits will not be paid for disabilities due to: War or act of war; Pregnancy, unless the disability is due to complicated pregnancy; Intentionally self-inflicted injuries while sane or insane; Drugs that are voluntarily taken, ingested or injected, unless taken as prescribed or as administered by a physician; Active participation in a riot or committing or attempting to commit an indictable offense.

For LifeStyle-65 and Economizer Plans Only

If you are totally disabled, you will receive a monthly benefit subject to the waiting period selected, reduced by social security disability benefits; and disability benefits you receive under any state or federal law (but not reduced by individual insurance you may also own) so that your total disability income benefits do not exceed 70% of earnings prior to receiving disability payments.

Termination of Coverage

Your Income Protection insurance will terminate on the earliest of the following dates:

- The date the master policy held by the Trustees is terminated;
- The date you fail to make any agreed payment of premium within the 31 day grace period;
- The date you cease to be gainfully employed on a regular basis of at least 20 hours per week;
- The date you become a member of the armed services of any country.

About Insurability

Applicants who are eligible to enroll in any programs of Income Protection Insurance described in this brochure must submit evidence of insurability when applying. The insurance will not become effective until the first day of the calendar month following the date that Liberty Life Assurance Company of Boston determines that such evidence is satisfactory.

General Information

Who may apply for Trust Group Income Protection Insurance?

You are eligible to apply if you are a member of the American Psychological Association and are under age 65 and reside in the United States or Canada or if you are the spouse under age 65 of an APA member. A spouse or domestic partner should complete a separate application.

Premium

The annual premium is due on each May 1. Quarterly premiums are due on each May 1, August 1, November 1, and February 1. In the event you enter the plan on any date other than on the first day of a premium due date, the premium will be prorated to the next quarterly or annual premium due date. Premiums are determined by the member's age on the date of issue and by the member's nearest age as of May 1 on renewal.

When you have a claim

Detailed information regarding claims procedures is issued with each new certificate of insurance. Promptly report all claims to Liberty Life's office in Dover, New Hampshire.

Administration

This plan is underwritten and administered by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. It is the only Income Protection program endorsed by the American Psychological Association Insurance Trust and has been in effect for over 50 years. A Group Income Protection Policy has been issued to the Trustees of the APA Insurance Trust. Each participating member receives a certificate of insurance outlining the benefits to which one is entitled under the policy.

The descriptions in this brochure are necessarily brief and are subject to provisions that can only be expressed completely in the certificates of insurance which are available upon request and which will be sent to you when coverage begins.

Have any questions? Call Liberty Mutual at 1-888-287-8494.

Please detach and complete the application as soon as possible and mail to:

Administrator, APA Group Insurance Plans
Liberty Mutual Group
P.O. Box 1525
Dover, NH 03821-1525

Application for Group Income Protection - Disability Insurance

Please Print

Name _____ Social Security No. --

Date of Birth _____ Male Female
Month Day Year

Home Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Home Telephone No.(____) _____ Business Telephone No.(____) _____ E-mail Address _____

APA Membership Number _____ Category of Membership: Full Member Associate Member

First year you became a full/associate member of the American Psychological Association. _____

Have you ever been enrolled in any APA Insurance Programs with Liberty Mutual? Yes No

If "Yes", what type of coverage and is coverage still in effect? _____

Employer _____ Occupation _____

Are you actively engaged in your occupation on a full-time basis? Yes No. If "No", how many hours do you work? _____

Do you now carry or have an application pending for other group or individual Disability Income Insurance? Yes No

If "Yes", please indicate details below. Do you intend to keep this coverage? Yes No

Insuring Company	Amount of Monthly Benefit	How Long Are Benefits Payable?	
		Accident	Sickness
_____	_____	_____	_____

What was your annual earned income* after any business expenses from your occupation as a psychologist, based on your most recent IRS form 1040? \$ _____ See below for required tax forms.

Note: You can protect business or overhead expenses under the Trust's Office Overhead Program. Call 1-800-477-1200 or visit www.apait.org to download a brochure.

- * **Self-employed psychologist not incorporated** - annual earned income is defined as your net annual earnings after business expenses and before taxes. (REQUIRES LATEST IRS 1040 AND SCHEDULE C)
- * **Self-employed psychologist incorporated** - annual earned income includes the total amount paid to you by the corporation and the annual cost of fringe benefits. Income from investments and other saving plans or income for which no service or work is done is not to be included in earned income. (REQUIRES LATEST IRS 1040, FORM 1120S, APPLICABLE STATEMENTS, AND W-2)
- * **Employed psychologist** - annual earned income is defined as gross annual W-2 salary before taxes and deductions for fringe benefits. (REQUIRES LATEST IRS 1040 AND W-2)

I wish to select the following plan and monthly benefit (complete a-e below):

- a: LifeStyle-5 LifeStyle-65 Plus (provide documentation of contributions to IRA, SEP, etc.)
 LifeStyle-65 Economizer 65 (waiting period 90 days only/no Benefit Booster or GIO)

b: Waiting Period Desired: 28 days 90 days 180 days

c: Benefit Booster? Yes No

The monthly benefit you select, combined with any other disability income benefits, may not exceed 60% of your current earned income for Economizer, LifeStyle-5 and LifeStyle-65, or 67% for LifeStyle-65 Plus.

d: Monthly Benefit Desired: \$ _____ (\$500 to \$10,000 in even increments of \$100). If you qualify for over \$6,000, you must provide IRS tax forms from the last 3 years.

e: I wish to pay my premium Annually Quarterly

Important: All boxes must be filled with either "Yes" or "No". "Y" or "N" is not acceptable. Do not leave boxes blank as failure to complete all boxes with either a "Yes" or "No" response will cause application to be returned.

1. Have you ever been treated for, or had knowledge that you were afflicted with: Answer "Yes" or "No"

a. Mental or emotional disorder		l. Severe headaches	
b. Heart, circulatory trouble, or high cholesterol		m. Disease of prostate	
c. High blood pressure		n. Back trouble, arthritis, bone or joint disorders	
d. Urinary disease		o. Any surgical operations	
e. Diabetes		p. Convulsions or epilepsy	
f. Cancer, tumor, or cyst		q. Disorder of breast or reproductive organ or function	
g. Varicose veins, hemorrhoids or hernia		r. Liver disorder or kidney disorder	
h. Disorder of eyes, ears, nose or throat		s. Sexually transmitted disease	
i. Thyroid disorder		t. Asthma, respiratory disorders or lung disease	
j. Muscular disorder		u. Ulcers or digestive disorder	
k. Treatment or recommended treatment for alcohol or drug abuse		v. AIDS, ARC (AIDS related complex), or ever tested positive for the HTLV-III antibodies	

2. Do you have any disease, disability or deformity, congenital or otherwise, except as stated above? ____ Yes ____ No

3. For all "Yes" answers above, give details, by item, of any conditions recorded. Give dates, treatment, duration, severity and any recurrence. **If space is inadequate, complete and sign statement on a separate sheet.**

4. Have you smoked in the past 12 months? ____ Yes ____ No If "Yes", packs per day _____

5. Are you currently taking any prescription medicine? ____ Yes ____ No If "Yes", explain on a separate sheet the type of medication, dosage, how long you have been taking it, and for what condition.

6. During the past 5 years, have you, to the best of your knowledge, been treated for or been advised of any condition which may require hospitalization, medical care, or surgical treatment? ____ Yes ____ No If "Yes", explain on a separate attached sheet.

7. To the best of your knowledge and belief are you now pregnant? ____ Yes ____ No

8. Have you ever been rejected, deferred or discharged by the military due to a physical or mental condition? ____ Yes ____ No **If "Yes", explain on a separate attached sheet.**

9. Have you ever had any life, disability, or health insurance declined, cancelled, not renewed or not approved as applied for? ____ Yes ____ No **If "Yes", explain on a separate attached sheet.**

10. Your current Height and Weight: _____ Ft. _____ In. _____ Lbs.

11. Do you understand that the policy will not pay benefits for a disease or physical condition caused by pre-existing conditions (conditions which existed prior to being covered by this insurance) for which treatment was rendered or charges were incurred within six months before the effective date of insurance? However, do you understand that there is coverage for pre-existing conditions upon the elapse of six consecutive months free of such treatment (including taking medication) or charges (one year for mental illness or emotional maladjustment)?

I do understand

I do not understand

(Signature)

(Date)

Declaring that I am a member in good standing or an employee of the American Psychological Association and that all statements and answers, front and back, are complete and true to the best of my knowledge and belief, I hereby apply for coverage as specified on the front of this form, under the APA Income Protection (Disability) Plan. It is understood and agreed that the foregoing statements and answers are offered to Liberty Life Assurance Company of Boston as an inducement to grant insurance for which application is hereby made. It is further understood that Liberty Life Assurance Company of Boston reserves the right to request additional evidence of insurability, if necessary. Agreeing to pay the stipulated premium, I direct any such share of the divisible surplus of the Company as may be credited to the policy shall be paid to the Trustees of the APA Insurance Trust. I understand that I am applying for disability insurance.

(Signature)

(Date)

AUTHORIZATION — LIBERTY MUTUAL INSURANCE COMPANY • LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

I AUTHORIZE any medical practitioner having any information as to the diagnosis, treatment and prognosis of any physical or mental condition to give any and all such information to Liberty Mutual Insurance Company/Liberty Life Assurance Company of Boston, or both, or to its legal representatives.

I UNDERSTAND that the information obtained by use of this Authorization will be used for the purposes of evaluating any application for insurance and adjusting any claim for benefits, if insurance is provided.

I KNOW that I may request to receive a copy of this Authorization.

I AGREE that a photographic copy of this Authorization shall be as valid as the original.

I AGREE that this Authorization shall be valid for two years and one-half from the date shown below.

(Signature)

(Date)

MAIL TO:

Administrator, APA Group Insurance Plan
Liberty Life Assurance Company of Boston
P.O. Box 1525
Dover, New Hampshire 03821-1525

Please carefully check that you have fully completed all information on this form.
Missing information will cause a delay. Do not send payment with application.

Your Premium

Simply divide the monthly benefit selected (i.e., \$5,000) by \$100 units. Multiply the number of units (i.e., 50) times the rate for your age in the rate table below and the plan selected (**\$2.62 per \$100 units per quarter times 50 for the LifeStyle-5 Plan, 28 day waiting period, age 40**) to arrive at **\$131 a quarter or \$524 annually**.

Quarterly Premium Rates Per \$100 of Monthly Benefit

Member's Age	LifeStyle-5 Plan		LifeStyle-65 Plans		Economizer
	Benefit Booster Excluded	Benefit Booster Included	Benefit Booster Excluded	Benefit Booster Included	No Benefit Booster
28-Day Waiting Period					
Under 30	1.07	1.20	2.42	2.83	-
30-34	1.20	1.33	2.76	3.23	-
35-39	1.89	2.12	3.41	3.99	-
40-44	2.62	2.93	4.36	5.10	-
45-49	3.44	3.86	6.38	7.45	-
50-54	5.19	5.81	7.49	8.76	-
55-59	6.91	7.74	8.72	10.21	-
60-64	8.30	9.29	9.39	10.99	-
65-69*	9.46	10.59	8.22	9.61	-
70 & Over*	10.79	12.08	8.22	9.61	-
90-Day Waiting Period					
Under 30	0.69	0.77	1.57	1.84	1.37
30-34	0.77	0.87	1.79	2.09	1.56
35-39	1.22	1.37	2.21	2.58	1.92
40-44	1.70	1.90	2.82	3.31	2.46
45-49	2.24	2.50	4.12	4.83	3.59
50-54	3.36	3.76	4.85	5.68	4.22
55-59	4.48	5.02	5.64	6.60	4.91
60-64	5.38	6.03	6.08	7.11	5.29
65-69*	6.14	6.87	5.32	6.22	4.62
70 & Over*	7.00	7.84	5.32	6.22	4.62
180-Day Waiting Period					
Under 30	0.55	0.61	1.28	1.50	-
30-34	0.62	0.70	1.45	1.70	-
35-39	0.98	1.10	1.79	2.10	-
40-44	1.36	1.52	2.30	2.69	-
45-49	1.79	2.00	3.36	3.93	-
50-54	2.69	3.01	3.94	4.62	-
55-59	3.59	4.01	4.59	5.37	-
60-64	4.30	4.82	4.95	5.78	-
65-69*	4.90	5.50	4.33	5.06	-
70 & Over*	5.60	6.27	4.33	5.06	-

* For renewal only

Premiums are determined by the member's age on the date of issue and by the member's nearest age as of May 1 on renewal.



**Liberty Mutual Insurance Company
Liberty Life Assurance Company Of Boston**

Required Notice Of Information Practices

Collection Of Information

To properly underwrite and administer your group Insurance coverage, we must collect a certain amount of necessary Information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but, in general, we will be seeking information about your age, physical and mental condition, health history, and other insurance coverage.

Your application is our most important source of information. If we need additional medical information, we may ask you to have your attending physician complete a statement.

Disclosures By Liberty

In general, we do not disclose personal information about you to anyone without your consent. However, to the extent necessary to conduct our business, we may share information about you without your specific authorization. Following is a brief description of some of the persons or organizations to whom certain items of information might be disclosed:

- Persons or organizations which perform professional, business or insurance functions for us;
- Other insurance companies in connection with this application or with any other application, policy or claim involving you. For example, we would share information about you with other companies that have insured you;
- Our representatives, investigators, attorneys and other persons who are or will become involved in processing your application, providing you with service, or acting upon any claim;
- Insurance-support organizations or insurers *for the* purpose of detecting or preventing criminal activity, fraud, misrepresentation or nondisclosure;
- Insurance regulatory authorities, governmental authorities or law enforcement agencies to protect our interest in cases of suspected fraud or illegal activities;
- Medical professionals or institutions for the purpose of verifying insurance coverage or benefits, informing an individual of a medical condition not known to the individual, or conducting an audit;
- Persons or organizations conducting bonafide actuarial or scientific research studies, audits or evaluations; however, you will not be individually identified in any research report and the material we provide will be returned to us or destroyed when no longer needed;
- Our affiliates for auditing or marketing purposes; and
- A group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services.

The above describes some of the disclosures which "MAY" be made, not disclosures which are always or even often made. In any event, the information disclosed will be limited to that which is reasonably necessary to accomplish the intended purpose.

GHI-231-R1

**How Can You Review
Your Personal Information**

You have the right to review certain recorded personal information contained in our files. To do so, please write to us at the address appearing at the end of this notice. We need your full name and address, telephone number, and APA membership number. All information requested must be reasonably described by you and reasonably locatable and retrievable by us.

Within 30 business days of receipt of your request we will contact you and tell you the nature and substance of the recorded personal information in our files. If you wish, you may see and copy this information in person or obtain copies by mail, subject to the payment of a reasonable fee. We will disclose the identity of any persons or organizations to whom we have disclosed this information during the preceding two years.

Your doctor can best explain medical information to you. Therefore, if you have requested such information, our practice is to disclose it to a medical professional named by you and licensed to treat the condition to which this medical information relates.

We are not required to give you access to certain types of information. This information is usually collected in connection with a claim under an insurance policy or when the possibility of a lawsuit exists.

If You Disagree With Our Records

You have the right to request us to correct, amend or delete any recorded personal information that you feel is incorrect. To do so, write to us and tell us what is inaccurate and why.

We will reinvestigate the information you think is incorrect. If we agree, we will make the necessary corrections, amendments or deletions. We will also notify persons or organizations to whom we have previously disclosed the inaccurate information of the change.

If we disagree, we will give you our reasons for refusing to correct, amend or delete the information. If you are not satisfied, you have the right to send us a concise statement of what you believe is the correct information and why you disagree with our refusal to correct it. We will place your statement in our file and send a copy of it to any persons and organizations to whom we have previously disclosed this information. We will also include your statement with any future disclosure of information from your file.

Your Privacy Is Our Concern

Please be assured that we, at Liberty, are committed to the careful handling of your personal information. If you wish to exercise any of the above rights or have additional questions, please write to:

**Administrator - APA Group
Liberty Mutual Insurance Company
P.O. Box 1525
Dover, N.H. 03821-1525**