

# GROUP INSURANCE PRODUCTS



We've got you under our wing.®

## GROUP SHORT TERM DISABILITY

**GUARANTEED ISSUE AVAILABLE**

**ELIMINATION PERIOD** 30 Day Accident, 30 Day Sickness

### PLAN BENEFITS

8-month Disability Benefit

Waiver of Premium

Pre-existing Condition Benefit

Policy Series GP5000-MP (IL)

## GROUP CRITICAL ILLNESS

**GUARANTEED ISSUE** no health questions asked.

**FIRST OCCURRENCE BENEFIT** Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000.

**ADDITIONAL OCCURRENCE AND RE-OCCURRENCE BENEFIT**

**ADDITIONAL BENEFITS AND HEART RIDERS** Over 20 Critical Illnesses covered.

**25% CHILD COVERAGE AT NO ADDITIONAL COST** Each dependent child is covered at 25 percent of the primary insured amount at no additional charge.

**\$50 HEALTH SCREENING BENEFIT** (employee and spouse) After the Waiting Period, pays a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test.

Policy Series CA12800IL

## GROUP ACCIDENT

**NON-OCCUPATIONAL COVERAGE.**

**NO LIMIT ON THE NUMBER OF CLAIMS.**

**SUPPLEMENTS AND PAYS REGARDLESS OF ANY OTHER INSURANCE PROGRAMS.**

**BENEFITS AVAILABLE FOR SPOUSE AND/OR DEPENDENT CHILDREN.**

**BENEFITS FOR BOTH INPATIENT AND OUTPATIENT TREATMENT OF COVERED ACCIDENTS.**

**GUARANTEED ISSUE** No underwriting required to qualify for coverage.

Policy Series CA7700-MP(IL)

## GROUP SUPPLEMENTAL HOSPITAL INDEMNITY

**NO HEALTH QUESTIONS ASKED**

### PLAN BENEFITS

Hospital Confinement  
Hospital Admission  
Hospital Intensive Care  
Surgical and Anesthesia Benefit  
Hospital Emergency Room / Physician Benefit  
Well Baby Care

Out-of-Hospital Prescription Drug Benefit  
Mammography Benefit  
Mastectomy Benefit  
Prosthetic Device or Reconstructive Surgery Following Mastectomy  
Post Mastectomy Coverage

Policy Series CA8500-MP IL



United Airlines Flight Attendants

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