

EXCLUSIVE MEMBER BENEFIT!

GROUP 10-YEAR LEVEL TERM LIFE INSURANCE PLAN

for Pennsylvania Bar Association Members,
their Spouses and their Employees



The Reliable, Affordable Solution

- Benefits From \$50,000 - \$1,000,000
- Affordable Group Rates & Discounts
- Rates Guaranteed To Remain Level For 10 Years
- Renewable to Age 80
- Benefit Level That Never Decreases
- 30-Day "Free Look" Guarantee....And More



Underwritten by:
New York Life Insurance Company
New York, NY 10010

Help Protect Their Lifestyle and Future with These Great...

Features & Benefits

Your Choice of Coverage Amounts: As an eligible Pennsylvania Bar Association member, you may apply for coverage in an amount from \$50,000 to \$1,000,000 (in \$25 increments). You may also apply for spouse coverage, in an amount not to exceed your own. Each of your eligible dependent children may be insured for a flat \$5,000 (flat \$500 for eligible dependent children under 6 months). Eligible employees of a Pennsylvania Bar Association member may apply for a coverage amount from \$25,000 to \$250,000, for him/herself only. (See “Eligibility” section for details.)

Volume Discounts Available: Volume discounts are available for larger coverage amounts. Discounts apply for coverage amounts in excess of \$100,000 and ever greater discounts apply for benefits of \$250,000 or more.

3-Tiered Rate Structure: If you are a non-smoker and able to pass strict underwriting requirements, you may be able to qualify for our lowest Preferred rates. Most applicants are expected to qualify for higher, yet affordable, Select rates, while higher risk candidates may still be able to receive coverage at Standard rates. (Preferred rates are not available for insurance amounts of \$100,000 and under.)

Premiums Locked-In for First 10 Years: With this plan, your premiums are guaranteed to remain level for the first 10 years of coverage. That way you don't have to worry about unexpected rate increases and the impact they may have on your budget.

At the end of the first 10-year period, you may apply for 10 more years of guaranteed rates on a medically underwritten basis, provided the insured person is under age 70 and is otherwise still eligible. If accepted, rates will be based on the insured person's then current age, health status and tobacco-nicotine use, and will be guaranteed for a subsequent 10 year term. If the insured person is not approved for a subsequent term of guaranteed 10 year rates, or does not re-apply, coverage will continue in force on a non-guaranteed rate basis, under which premium contributions will increase as the insured ages.

No Benefit Reductions: With this plan, there are no scheduled benefit reductions and your benefits may not be reduced simply because you grow older or experience a change in health. As long as you continue to pay your premiums in a timely manner and adhere to the terms of the plan, the benefit you start with can be the benefit you keep to age 80.

Accelerated Death Benefit: This benefit is available to terminally ill insureds during a difficult and often financially challenging time. The Accelerated Death Benefit may be requested for an insured person who has been diagnosed as being terminally ill with 12 months or less to live. Requests for this benefit must be made at least 12 months prior to the insured person's scheduled coverage termination age. This benefit may be requested only once.

Summary of Terms, Features, & Provisions

Accelerated Death Benefit (cont'd)

Proof of a terminal illness will consist of a doctor's statement and any other medical information the insurer believes necessary to confirm this status. Under this provision, the insured can request a single advance payment of 50% of his/her inforce life insurance. The death benefit will be reduced by the amount paid and the premiums will not be reduced. For additional limitations, please see the Certificate of Insurance.

Please note that receipt of this benefit may affect eligibility for public assistance programs and may be taxable. Prior to applying for these benefits, insureds should consult with the appropriate social services agency, and assistance should be sought from a qualified tax provider.

The Accelerated Death Benefit is not available to residents of Massachusetts.

30-Day Free Look: Once you receive your Certificate of Insurance, you will have 30 days to review the document and make sure your coverage is everything we said. If you are not completely satisfied with the terms of your Certificate, you may return it, without claim, within 30 days. Your insurance will be invalidated, and your premium will be refunded.

Eligibility: All eligible members of the Pennsylvania Bar Association, under age 70, residing in the United States*, Puerto Rico or Canada (except Quebec), may request coverage for themselves, their lawful spouse under age 70, and their unmarried, dependent children from 14 days to 19 years (25 for full-time student). A spouse who is also a member is eligible for either member or spouse coverage, but not both. If both parents are insured as members, only one may request child coverage.

In order to become insured, satisfactory evidence of insurability must be provided and the required premium must be paid.

All FULL-TIME** employees of the member, who are also under age 70, and residing in the United States* or Canada (except Quebec), may request coverage for themselves.

When Insurance Becomes Effective: Coverage will become effective the first day of the month following the date approved by New York Life Insurance Company, provided your first premium is paid within 31 days of the date billed, and any person to be insured is performing the normal activities of a person in good health of like age at that time. Any person who is not performing his/her normal activities as required will not become insured until the day he/she is performing such activities, provided such date is within three months of the date insurance would have been effective and the person is still eligible.

Note: Residents of MD and NC: Any reference to "performing normal activities" is replaced by the requirement that the health status of any proposed insured person remains the same as stated in your application

*Coverage is not available in all states at this time. Contact the Administrator for current information.

**FULL-TIME means the active performance for pay or profit of the regular duties of one's normal occupation on the basis of at least 30 hours per week and meeting the requirements for continuous employment to qualify for employee benefits.

Rate & Discount Information

When Coverage Ends: Coverage will end when the insured member or spouse of member reaches age 80. Coverage will end earlier if:

- (a) the premiums are not paid when due,
- (b) the group plan is terminated or modified by the Policyholder or New York Life Insurance Company to end insurance for the group of insureds to which the member belongs, and
- (c) for an employee, the date he/she ceases to work FULL-TIME for a Member, or
- (d) if the insured requests to terminate insurance.

Additionally, dependent child coverage will terminate when the member coverage ends, or when the child ceases to be an eligible dependent.

Beneficiary Designation: The member may name any beneficiary for coverage on his/her life. You, the member, are automatically the beneficiary for your spouse's and children's coverage. If you wish to designate a beneficiary other than yourself for spouse coverage, contact the Administrator for the necessary form.

Incontestability: The validity of any amount of coverage which has been in force for 2 years – or any claim made against it – will not be contested except for non-payment of premiums and eligibility requirements.

Limitations: Benefits are payable upon death from any cause except suicide during the first 24 months of coverage, for which benefits are limited to a refund of all premiums paid.

With **Group 10-Year Level Term Life**, you can select the benefit amount you need: from \$50,000 to \$1,000,000 (in \$25,000 increments). Best of all, these rates are guaranteed to remain level for the first 10 years of coverage.

The cost for this life insurance is based on the member/employee's and spouse's gender, amount of insurance requested, tobacco/nicotine usage, health status, and attained age on the date coverage is issued. Premiums will vary depending on amounts chosen.

To calculate your semi-annual premiums, just find your age, then multiply the accompanying rate by the amount of coverage you are requesting (must be in \$25,000 units). Please refer to the chart on the following page (page 5).

All rates listed are **Preferred & Select** and apply to applicants who are qualified non-tobacco users and can meet stricter underwriting requirements. If you do not meet these requirements, you may be eligible for this coverage at higher Standard rates. (Smokers may only qualify for Standard Rates)

Montana Residents: Male rates apply to all applicants, regardless of gender.

Residents of Ontario, Canada: An 8% tax will be added to the amount of any premium contributions due (in U.S. dollars).

Child's Schedule of Benefits And Annual

Premiums: A single annual payment of \$6.00 will cover all eligible dependent children for \$5,000 each, regardless of number. Eligible children age 14 days to 6 months are covered for \$500 each.

For employees requesting coverage, please refer to the chart on the following page (page 5). Employees may request between \$25,000 and \$250,000 in coverage (in \$25,000 increments).

Current Annual Preferred & Select Rates

As of 2010

10-Year Level Premium Rates guaranteed for 10 years ANNUAL RATE PER \$1,000 OF FACE AMOUNT										
Issue Age	FACE AMOUNTS \$25,000 - \$100,000		FACE AMOUNTS \$101,000 - \$249,000				FACE AMOUNTS \$250,000 - \$1,000,000			
	Male	Female	Male	Female			Male	Female		
	Select	Select	Preferred	Select	Preferred	Select	Preferred	Select	Preferred	Select
20	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
21	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
22	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
23	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
24	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
25	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
26	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
27	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
28	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
29	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
30	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
31	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
32	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
33	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
34	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
35	1.30	1.20	0.81	0.93	0.72	0.84	0.55	0.67	0.47	0.57
36	1.33	1.22	0.82	0.96	0.74	0.86	0.56	0.70	0.49	0.60
37	1.37	1.27	0.85	1.00	0.78	0.91	0.58	0.73	0.52	0.63
38	1.41	1.31	0.91	1.05	0.82	0.95	0.61	0.78	0.56	0.67
39	1.49	1.38	0.95	1.12	0.86	1.02	0.64	0.84	0.61	0.73
40	1.54	1.44	1.00	1.17	0.92	1.07	0.69	0.91	0.66	0.79
41	1.63	1.53	1.06	1.26	0.98	1.16	0.75	0.98	0.72	0.87
42	1.73	1.62	1.13	1.35	1.05	1.24	0.84	1.08	0.78	0.94
43	1.83	1.72	1.21	1.45	1.13	1.34	0.94	1.17	0.86	1.03
44	1.96	1.82	1.30	1.58	1.21	1.44	1.03	1.29	0.94	1.12
45	2.09	1.92	1.42	1.70	1.28	1.54	1.14	1.42	1.01	1.21
46	2.25	2.01	1.55	1.86	1.37	1.62	1.25	1.56	1.09	1.30
47	2.43	2.11	1.69	2.03	1.44	1.72	1.35	1.73	1.15	1.39
48	2.62	2.23	1.83	2.21	1.51	1.83	1.46	1.90	1.23	1.50
49	2.82	2.33	2.01	2.40	1.61	1.93	1.60	2.08	1.31	1.59
50	3.05	2.47	2.19	2.63	1.70	2.07	1.76	2.30	1.40	1.71
51	3.30	2.60	2.39	2.87	1.83	2.19	1.94	2.53	1.51	1.83
52	3.56	2.75	2.57	3.12	1.97	2.33	2.16	2.78	1.65	1.96
53	3.85	2.89	2.78	3.40	2.11	2.47	2.39	3.04	1.79	2.10
54	4.17	3.07	3.03	3.71	2.26	2.64	2.66	3.34	1.94	2.26
55	4.52	3.27	3.29	4.04	2.43	2.84	2.94	3.66	2.10	2.43
56	4.88	3.47	3.58	4.39	2.57	3.03	3.21	4.01	2.24	2.61
57	5.27	3.68	3.87	4.77	2.73	3.23	3.51	4.33	2.38	2.80
58	5.71	3.94	4.24	5.19	2.87	3.48	3.85	4.75	2.53	3.03
59	6.20	4.20	4.64	5.67	3.06	3.73	4.24	5.21	2.72	3.27
60	6.81	4.53	5.11	6.25	3.30	4.06	4.69	5.77	2.95	3.57
61	7.49	4.92	5.64	6.91	3.61	4.43	5.21	6.42	3.26	3.91
62	8.27	5.34	6.21	7.67	3.96	4.84	5.82	7.18	3.62	4.30
63	9.17	5.85	6.90	8.54	4.38	5.33	6.49	8.02	4.04	4.75
64	10.19	6.39	7.68	9.52	4.84	5.85	7.24	8.98	4.47	5.23
65	11.39	6.98	8.63	10.68	5.36	6.42	8.08	10.03	4.94	5.77
66	12.71	7.55	9.73	11.95	5.88	6.97	9.00	11.14	5.32	6.28
67	14.14	8.08	10.96	13.34	6.38	7.49	9.97	12.30	5.63	6.76
68	15.70	8.74	12.40	14.95	6.98	8.12	11.07	13.62	6.02	7.35
69	17.81	9.63	14.05	16.88	7.81	8.98	12.36	15.26	6.67	8.16

Maximum for Employees of Members is \$250,000.

The cost for this life insurance is based on the member/employee's spouse's gender, amount of life insurance requested, tobacco/nicotine usage, health status and attained age on the date coverage is issued.

Preferred and Select rates apply to applicants who are qualified non-tobacco users meeting stricter underwriting requirements. Applicants not meeting these requirements may be eligible for this coverage at the Standard rates.

Current Annual Standard Rates

As of 2010

10-Year Level Premium Rates guaranteed for 10 years ANNUAL RATE PER \$1,000 OF FACE AMOUNT						
Issue Age	FACE AMOUNTS \$25,000 - \$100,000		FACE AMOUNTS \$101,000 - \$249,000		FACE AMOUNTS \$250,000 - \$1,000,000	
	Male	Female	Male	Female	Male	Female
20	2.81	2.43	2.39	2.03	2.08	1.74
21	2.81	2.43	2.39	2.03	2.08	1.74
22	2.81	2.43	2.39	2.03	2.08	1.74
23	2.81	2.43	2.39	2.03	2.08	1.74
24	2.82	2.43	2.40	2.03	2.10	1.74
25	2.82	2.43	2.40	2.03	2.10	1.74
26	2.83	2.43	2.42	2.03	2.11	1.74
27	2.83	2.43	2.42	2.03	2.11	1.74
28	2.85	2.44	2.43	2.04	2.13	1.76
29	2.86	2.44	2.45	2.04	2.15	1.76
30	2.88	2.47	2.46	2.07	2.16	1.77
31	2.88	2.47	2.46	2.07	2.16	1.77
32	2.88	2.47	2.46	2.07	2.16	1.77
33	2.88	2.47	2.46	2.07	2.16	1.77
34	2.88	2.47	2.46	2.07	2.16	1.77
35	2.96	2.52	2.54	2.11	2.24	1.82
36	3.08	2.63	2.66	2.22	2.35	1.93
37	3.25	2.81	2.82	2.39	2.50	2.08
38	3.44	3.01	3.01	2.59	2.69	2.28
39	3.72	3.25	3.27	2.82	2.94	2.50
40	3.99	3.47	3.54	3.03	3.20	2.70
41	4.34	3.72	3.87	3.27	3.52	2.94
42	4.75	3.97	4.27	3.51	3.90	3.17
43	5.20	4.26	4.70	3.79	4.32	3.43
44	5.71	4.55	5.19	4.07	4.78	3.71
45	6.21	4.86	5.68	4.38	5.26	4.01
46	6.81	5.20	6.25	4.70	5.80	4.32
47	7.45	5.56	6.87	5.05	6.41	4.66
48	8.11	5.95	7.51	5.43	7.03	5.01
49	8.82	6.34	8.20	5.81	7.68	5.38
50	9.52	6.75	8.87	6.20	8.33	5.76
51	10.20	7.17	9.53	6.60	8.97	6.14
52	10.87	7.60	10.17	7.02	9.59	6.55
53	11.56	8.05	10.85	7.46	10.24	6.97
54	12.35	8.50	11.60	7.89	10.97	7.38
55	13.26	8.98	12.48	8.35	11.80	7.83
56	14.26	9.40	13.45	8.76	12.73	8.22
57	15.33	9.81	14.49	9.15	13.74	8.59
58	16.55	10.23	15.66	9.56	14.87	9.00
59	17.97	10.78	17.03	10.09	16.19	9.51
60	19.64	11.52	18.64	10.80	17.74	10.19
61	21.45	12.45	20.39	11.70	19.43	11.06
62	23.42	13.56	22.30	12.78	21.26	12.10
63	25.74	14.84	24.54	14.01	23.41	13.27
64	28.57	16.28	27.27	15.40	26.09	14.61
65	32.12	17.84	30.70	16.91	29.35	16.06
66	36.68	19.44	35.09	18.45	33.58	17.55
67	42.22	21.10	40.44	20.06	37.73	19.10
68	48.44	23.00	46.45	21.89	44.51	20.87
69	54.95	25.38	52.73	24.19	50.55	23.07

Maximum for Employees of Members is \$250,000.

The cost for this life insurance is based on the member/employee's spouse's gender, amount of life insurance requested, tobacco/nicotine usage, health status and attained age on the date coverage is issued.

Preferred and Select rates apply to applicants who are qualified non-tobacco users meeting stricter underwriting requirements. Applicants not meeting these requirements may be eligible for this coverage at the Standard rates.

Important Notice: How New York Life Insurance Company Underwrites Your Request for Group 10-Year Level Term Life Insurance:

Information regarding insurability will be treated as confidential. In considering your request for insurance, we will rely on the medical information you provide, and on the information you authorize us to obtain from your doctor, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (Formerly Medical Information Bureau). New York Life Insurance Company will not disclose such information to anyone except those you authorize or where required or permitted by law. We may make a brief report to MIB; however, we will not disclose our underwriting decision. Information in our files may be seen by New York Life Insurance Company and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

MIB is a non-profit organization of life insurance companies which operates an information exchange on behalf of its members. When you apply for insurance or submit a claim for benefits to a MIB member company, medical or non-medical information may be given to the Bureau, which may then be furnished to member companies.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life Insurance Company or MIB, you will be provided with non-medical information. Generally, medical information will be give neither directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction.

MIB's information office is located at:
MIB, Inc. 50 Braintree Hill Park, Suite 400,
Braintree, MA 02184-8734,
telephone (866) 692-6901 (TTY 866 346-3642).

For Canadian residents the address is:
MIB Information Office, 3300 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for consumers about MIB, Inc., may be obtained on its Web site at www.mib.com.

For NM Residents: PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

1) PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

2) CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

If we can provide the coverage you requested, we will inform you as to when such coverage will be effective. Under no circumstances will coverage be effective prior to this date. Payment of a premium contribution with your application does not mean that there is any insurance in force before the effective date as determined by New York Life Insurance Company.

New York Life Insurance Company 8/08 ed.

Application Instructions

- 1** Complete and sign the enclosed Application for Insurance for all parties to be insured (please print).
- 2** Be sure to answer all health questions and collect any documentation requested.
- 3** Mail your application and required documentation.
- 4** Send no payment now, we'll simply bill you upon acceptance.

For More Information,
Please Call USI Affinity,
the Plan Administrator, Toll-Free:

1.800.265.2876 or **1.800.327.1550**
(Eastern PA) (Western PA)

**Don't forget you have 30 days to review and cancel your coverage,
so there's absolutely NO RISK in applying!**

This brochure is only a brief description of the principal provisions and features of the Plan. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Pennsylvania Bar Association.

While we are pleased to endorse this product, that endorsement does not eliminate the need to always compare coverage and prices on available insurance products before making your purchase.



The Group 10-Year Level Term Life Insurance Plan is Administered by:

USI Affinity
Stealth Technology Center
333 Technology Drive, Suite 255
Canonsburg, PA 15317
www.usiaffinity.com/pabar

AR Ins. Lic. # is 325944
CA Ins. Lic. # is 0G11911



The Group 10-Year Level Term Life Insurance Plan is Underwritten by:

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
under Group Policy No. G-29214-0
on Policy Form G-29214-0/GMR-FACE