If you suddenly couldn't work – what then?



Disability Income Insurance

Underwritten By New York Life Insurance Company

Here's a way for you to help provide the financial security you and your family would need







Your income-earning ability is one of your key financial assets. The loss of it, through sudden and unexpected disability, could well mean financial hardship for your family. You can help prevent this by requesting coverage in the Disability Income Insurance Plan sponsored and endorsed by the Pennsylvania Bar Association (PBA).

You are eligible for this coverage if you are a member of the PBA, residing in Pennsylvania under age 60, and you are at FULL-TIME WORK:

"FULL-TIME WORK" means actively performing the regular duties of your normal occupation for on the basis of at least 30 hours per week at the place such duties are normally performed or other location to which travel is required.

Benefits payable even if you can perform a job other than your own.

This plan is designed to pay benefits if you are Totally Disabled before age 70. "Totally Disabled" means an incapacity has left you completely and continuously unable to perform the substantial and material duties of your regular job, during and after the waiting period.

Pregnancy is treated as any other illness, provided the pregnancy begins 30 or more days after the effective date of the policy.

You will also be considered Totally Disabled if an illness or injury results in one or more of the following:

- •Loss of sight in both of your eyes
- Loss of hearing in both of your ears
- Loss of your ability to speak
- •Severance of two or more of your limbs
- "Loss" means total and irreversible. Severance must be at or above the wrist or ankle joints.

Choose the amount you need to help cover your monthly expenses.

If you are under age 50, you may apply for a Monthly Benefit Option of up to \$10,000 (in 100 increments). If your are age 50 to 54, you may apply for a Monthly Benefit Option of up to \$6,000; if you are age 55 to 59, you may apply for a monthly benefit Option of up to \$3,000.

Select the waiting period that's right for you.

A Waiting Period is the number of consecutive days you must be Totally Disabled before benefits may commence. This plan gives you the flexibility to choose the waiting period before benefit payments begin that's most comfortable for you, from 30, 60, 90, 180 or 365 days.

Benefit Period

Benefits are payable up to age 65 for Total Disabilities commencing prior to age 63. For Total Disabilities commencing at age 63 but before age 70, benefits are payable for up to two years. For disabilities due to mental disorders or chemical dependency: benefits are payable for up to two years for disabilities beginning before age 63; for disabilities beginning after age 63 but before age 70, benefits are payable for one year or until age 65, whichever occurs first.

Waiver of Premium

After you have been Totally Disabled for six consecutive months and you begin to receive benefits for Total Disability, all future premium contributions under the Plan will be waived for as long as you benefits for that disability. The Totally Disability must have begun prior to age 60.

Residual Benefit

If you return to work after a covered Total Disability which began before age 65, and which lasted at least as long as your selected Waiting Period, you may be eligible for a Residual Benefit, provided your current earnings do not exceed 80% of your pre-disability income. The benefit payable is a percentage of your Monthly Benefit equal to the percentage reduction in your monthly earnings. (See policy for conditions and limitations).

30 Day Free look.

If you change your mind, you can return your policy within 30 days after receiving it and obtain a full premium refund, provided there have been no claims. Your coverage will then be invalidated.

We encourage you to take a moment to consider how much this disability income protection could mean to you and your family should you be unable to work due to a disability.

Highlights of the plan include:

- •"Own occupation" definition of Total Disability
- •A choice of benefit amounts and waiting periods
- •Waiver of premium during a period of disability
- •Several optional benefits to help customize a plan that meets your individual needs (extra premium required).

Many benefits and features are included with this coverage:

- •Non-disabling injury benefit: A lump sum benefit equaling the physician's fees for treatment of non-disabling injuries can be paid, up to a maximum of one-quarter your Monthly Benefit, provided no other indemnity is payable under the policy.
- •A \$1,000 accidental death & dismemberment benefit: This benefit, or a portion thereof, is payable if a covered accident results in a loss of life, limbs, sight, speech or hearing, as outlined in the policy.
- •You can receive a minimum benefit for specific fractures or dislocations.
- •A rehabilitation program is also available to certain policyholders.
- •Survivor Benefit. If you die after receiving Total Disability benefit for at least 12 consecutive months, your beneficiary will receive a survivor benefit of up to three months of payments, each equaling the Monthly Benefit Option. The Survivor Benefit will end upon the earlier of the following occurrences: the third surviving Payment has been made; the beneficiary dies, or the Monthly Benefit Period has been reached.

Disability Income Insurance Current 2017 Annual Premium Rates Per \$100 Monthly Benefit Option

Cost is based on the Waiting Period and Monthly Benefit Option you select, your age when coverage becomes effective, and on whether you select any of the Optional Benefit Riders. The cost increases on the premium contribution date on or immediately after you reach a higher age

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	Waiting Period			
	30 Days	<u>30 Days</u>	<u>60 Days</u>	<u>60 Days</u>
Member's Age:	_	with ABI Benefit	-	with ABI Benefit
Under 30	15.39	19.09	12.16	15.86
30-39	21.46	27.86	17.03	23.43
40-49	35.51	50.21	28.18	42.88
50-59	57.36	81.86	45.54	70.04
60-64+	60.85	73.75	46.51	59.41
65-69*+	56.33	56.33	42.25	42.25

•	<u>90 Days</u>	<u>90 Days</u>	180 Days	<u>180 Days</u>
Member's Age:	-	with ABI Benefit	-	with ABI Benefit
Under 30	9.98	13.68	9.07	12.77
30-39	14.05	20.45	12.78	19.18
40-49	23.28	37.98	21.16	35.86
50-59	37.62	62.12	34.21	58.71
60-64+	37.45	50.35	30.84	43.74
65-69*+	33.14	33.14	27.34	27.34

•	365 Days	365 Days
Member's Age:	_	with ABI Benefit
Under 30	8.00	11.70
30-39	11.27	17.67
40-49	18.65	33.35
50-59	30.15	54.65
60-64+	24.39	37.29
65-69*+	21.54	21.54

Option Recovery Benefit Add this cost to your Premium, if this benefit is
4.50
5.20
6.60
10.20
15.50
15.50

^{**} Upon attainment of age 65: Monthly Benefits Amounts in excess of \$2,200 are reduced to \$2,200, and **Residual and ABI (Automatic Benefit Increase)** Benefits are no longer available.

If selecting the **Future Purchase Option**, add 4% to your total premium cost, including any premium for ABI(but not including premium for Optional Recovery Benefit)

Please add \$2.00 to your Annual Premium for the \$1,000 AD&D benefit.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life on any premium contribution due date, but not more than once in any 12 month period, and any date on which benefits are changed.

⁺ Renewal only at ages 60-69. Coverage terminates at age 70.

How to Calculate your Annual Cost:

- Decide on the Waiting period, Monthly Benefit Option (in \$100 units), and whether you wish to include ABI (Automatic Benefit Increase)
- 2. Locate the applicable annual rate for your age in the rate chart above. Multiply this by the number of \$100 units in your desired Monthly Benefit Option. **This is your Annual Premium**.
- 3. Please add \$2.00 to your Annual Premium for the \$1,000 AD&D benefit.
- 4. If **Future Purchase Option** is requested, increase your annual premium by 4%.
- 5. If the **Recovery Option** is requested add to this the additional cost as shown for your age.

Rates shown are annual. If you wish to pay semi-annually, take 50% of the annual premium, and add a \$1.00 administrative fee.

This is your semi-annual premium.

On the enclosed application under "Optional Riders" you can request any of the following options you would like your plan to include, for an additional cost.

*Automatic Benefit Increase (ABI) Option

You have the option to have your Monthly Benefits for total and residual disability increased based on the Urban Consumer Price Index, or CPI-U, according to a specific formula outlined in the policy, up to a maximum of 5%. This benefit only applies to disabilities commencing prior to age 65.

*Future Purchase Option

This benefit allows you to increase your coverage without having to provide evidence of insurability. You can increase your monthly benefit by 25% of the original amount on the second, fourth, sixth and eight anniversaries of the original effective date up to the maximum available under this policy. This option is available only to applicants under age 40.

*Recovery Option

You can receive a lump sum recovery benefit upon your return to FULL-TIME WORK following a covered Total Disability for which you received benefits for 45 days or longer. The benefit payable ranges from 25% of your Monthly Benefit amount to three Monthly Benefit payments, depending on the length of the disability, as described in the policy.

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Effective date:

You will become insured on the date specified by New York Life provided the first premium contribution is paid when due, satisfactory evidence of insurability has

been submitted and you are at FULL TIME WORK on the date. If you are not at FULL TIME WORK as required, coverage will not become effective until the day you are at FULL TIME WORK, provided such date is within three months of the date of insurance would have otherwise been effective and you are still eligible for insurance.

Payment of premium contribution for insurance does not mean that there is any coverage in force before the effective date specified by New York Life Insurance Company.

There are instances where New York Life may be able to offer insurance (at the same premium contribution) by eliminating coverage for a specific impairment or disease.

When Coverage Ends:

This coverage is renewed by paying the renewal premium applicable for your particular age. The policy will end only if you do not pay the premium when due, reach age 70, are no longer at FULL TIME WORK, you enter full-time active duty in the armed forces (coverage may be restored upon termination of active duty status, subject to policy guidelines) or you request to end such coverage.

Exclusions:

This Plan does not cover disabilities related to: war or acts of war, whether declared or undeclared; military service; suicide, attempted suicide or intentionally self inflicted injury while sane or insane; or operating, riding in or descending from any aircraft, except when riding as a passenger on a licensed, non-military commercial aircraft; pregnancy beginning before or during the first 30 days after your policy takes effect; participation in (except as a victim) or incarceration for the commission or attempted commission of a felony, or an illegal occupation or activity. Also, no benefits are payable if you are not under the care of a licensed physician or surgeon other than yourself (or member of your immediate family or household) during the period of disability.

Pregnancy is treated as any other illness, provided the pregnancy begins 30 or more days after the effective date of the policy.

Important Coverage Information

Acceptance into the plan is subject to evidence of insurability as determined by the underwriting company. Depending upon the amount of coverage applied for, it may be necessary for you to have a paramedical, blood test and urinalysis all of which will be conducted at your convenience with no cost to you.

Important: This is a brief description of coverage provided under policy number G-29421-0, and is subject to the terms limitations and exclusions of the policy. Please see Policy for details or contact the Administrator.

Apply Today

- 1. Complete the application included with this brochure. Please be sure to write in the monthly benefit amount you want, check the appropriate waiting period, and check which of the optional benefits you would like your plan to include.
- 2. Date and sign the application.
- 3. Mail it back to USI Affinity in the envelope provided.

Please do not send payment with your application. If your application is approved, your policy will be sent to you along with a premium notice.

Administered by:



USI Affinity 14 Cliffwood Avenue, Suite 310 Matawan, NJ 07747 800-327-1550

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





New York Life Insurance Company 51 Madison Avenue New York, NY 10010 On Policy Form GMR-FACE/ G-29421 Under Group Policy G-29421-0

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