

## Current Annual Select/Preferred Premiums per \$1,000 of Coverage\*

The cost of this life insurance is based on the insured member or spouse's gender, amount of insurance requested, use of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Only non-tobacco/nicotine users meeting the highest underwriting standards may qualify for the Preferred Rates, the plan's lowest. Depending on your situation, you may qualify for Select or Standard rates. (Smokers may only qualify for Standard rates.) Upon approval of your application, you will be notified of the rate classification for each approved person. The annual premium for dependent children is \$6.00, regardless of the number insured.

Age	Select Rates		Preferred Rates		Preferred Rates	
	Male	Female	Male	Female	Male	Female
35 & Under	\$1.30	\$1.20	\$0.81	\$0.72	\$0.55	\$0.47
36	\$1.33	\$1.22	\$0.82	\$0.74	\$0.56	\$0.49
37	\$1.37	\$1.27	\$0.85	\$0.78	\$0.58	\$0.52
38	\$1.41	\$1.31	\$0.91	\$0.82	\$0.61	\$0.56
39	\$1.49	\$1.38	\$0.95	\$0.86	\$0.64	\$0.61
40	\$1.54	\$1.44	\$1.00	\$0.92	\$0.69	\$0.66
41	\$1.63	\$1.53	\$1.06	\$0.98	\$0.75	\$0.72
42	\$1.73	\$1.62	\$1.13	\$1.05	\$0.84	\$0.78
43	\$1.83	\$1.72	\$1.21	\$1.13	\$0.94	\$0.86
44	\$1.96	\$1.82	\$1.30	\$1.21	\$1.03	\$0.94
45	\$2.09	\$1.92	\$1.42	\$1.28	\$1.14	\$1.01
46	\$2.25	\$2.01	\$1.55	\$1.37	\$1.25	\$1.09
47	\$2.43	\$2.11	\$1.69	\$1.44	\$1.35	\$1.15
48	\$2.62	\$2.23	\$1.83	\$1.51	\$1.46	\$1.23
49	\$2.82	\$2.33	\$2.01	\$1.61	\$1.60	\$1.31
50	\$3.05	\$2.47	\$2.19	\$1.70	\$1.76	\$1.40
51	\$3.30	\$2.60	\$2.39	\$1.83	\$1.94	\$1.51
52	\$3.56	\$2.75	\$2.57	\$1.97	\$2.16	\$1.65
53	\$3.85	\$2.89	\$2.78	\$2.11	\$2.39	\$1.79
54	\$4.17	\$3.07	\$3.03	\$2.26	\$2.66	\$1.94
55	\$4.52	\$3.27	\$3.29	\$2.43	\$2.94	\$2.10
56	\$4.88	\$3.47	\$3.58	\$2.57	\$3.21	\$2.24
57	\$5.27	\$3.68	\$3.87	\$2.73	\$3.51	\$2.38
58	\$5.71	\$3.94	\$4.24	\$2.87	\$3.85	\$2.53
59	\$6.20	\$4.20	\$4.64	\$3.06	\$4.24	\$2.72
60	\$6.81	\$4.53	\$5.11	\$3.30	\$4.69	\$2.95
61	\$7.49	\$4.92	\$5.64	\$3.61	\$5.21	\$3.26
62	\$8.27	\$5.34	\$6.21	\$3.96	\$5.82	\$3.62
63	\$9.17	\$5.85	\$6.90	\$4.38	\$6.49	\$4.04
64	\$10.19	\$6.39	\$7.68	\$4.84	\$7.24	\$4.47
65	\$11.39	\$6.98	\$8.63	\$5.36	\$8.08	\$4.94
66	\$12.71	\$7.55	\$9.73	\$5.88	\$9.00	\$5.32
67	\$14.14	\$8.08	\$10.96	\$6.38	\$9.97	\$5.63
68	\$15.70	\$8.74	\$12.40	\$6.98	\$11.07	\$6.02
69	\$17.81	\$9.63	\$14.05	\$7.81	\$12.36	\$6.67



### How to Calculate Your Annual Premium Cost:

- A) Coverage amount:
- B) Divide by 1,000:
- C) Your Premium rate:
- D) Multiply Lines B and C:

**This is your Annual Premium.**

\*TEXAS RESIDENTS: Do not use this chart. Please contact the administrator for additional information applicable to your state. MONTANA RESIDENTS: Male rates apply to all applicants, regardless of gender.

The premium contributions shown reflect the current rates and benefit structure. Rates are guaranteed to remain level for the initial 10-year term. Then, if still eligible, you may re-apply for 10-year level rates in effect for a subsequent 10-year term; rates for the subsequent term would be determined on then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you're not approved for a subsequent 10-year term of guaranteed rates or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed rate basis with increasing premium as you age.

## How New York Life Obtains Information and Underwrites Your Request for Group 10-Yr. Term Life Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory

or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life 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.

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 or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal 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: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: PROTECTED PERSONS<sup>1</sup> have a right of access to certain CONFIDENTIAL ABUSE INFORMATION<sup>2</sup> 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.

### New York Life Insurance Company

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This Summary contains a brief description of some of the principal provisions of the proposed insurance coverage. Complete terms and conditions are set forth in the group policy issued by New York Life to the Pennsylvania Bar Association, and each insured will receive a Certificate of Insurance summarizing all the benefits and coverage provisions provided under Group Policy G-29214-0 on policy form GMR-FACE/G-29214-0. This group life policy is available only in the U.S.

Do you have questions about this coverage? Or do you need to file a claim?  
Call our customer care center for more information or for the necessary forms:  
(800) 874-0262 • Monday - Friday, 8:30 a.m. to 4:30 p.m. (ET)



Administered By:  
USI AFFINITY  
14 Cliffwood Avenue, Suite 310 | Matawan, NJ 07747  
AR Insurance License #325944  
CA Insurance License #0G11911



Underwritten By:  
NEW YORK LIFE INSURANCE COMPANY  
51 Madison Avenue | New York, NY 10010  
Under Group Policy G-29214-0  
on Policy Form G-29214-0/GMR-FACE



# Group 10-Yr. Level Term Life

## Insurance Plan

FOR PENNSYLVANIA BAR ASSOCIATION MEMBERS, THEIR FAMILIES & EMPLOYEES

Why not join the millions of insureds who have chosen to help protect their families with New York Life Insurance Company?



Your Other Partner



## Whether you're just starting your career and family or looking forward to enjoying the fruits of your hard work in retirement, the role life that insurance can play in a family's security and financial well-being is important to consider.

Nothing can replace the loss of a loved one. But life insurance could help provide the resources your family needs for a secure and comfortable future.

As a member of the Pennsylvania Bar Association, you have an opportunity others don't. The PBA Insurance Program has put together features on Group 10-Year Level Term Life Insurance that are among the best in the market and help protect your family, your assets, and your legacy.

### Affordability

The PBA Insurance Program gives you access to group buying power. Unlike plans you might find in the general market, you get the benefit of your group association. Plus, as part of a group plan, you can never be singled out for a rate increase.

### Advocacy

For decades, the PBA has been sponsoring customized plans to meet the needs of Pennsylvania's legal professionals. Our plan administrator, USI Affinity, employs a team to answer questions and help you understand your options. We're your advocate, and we work hard to understand and anticipate your needs as an accounting professional.

### Stability

PBA and USI Affinity have gone through the paces of due diligence to ensure that you're getting coverage from a respected insurance carrier. This plan is underwritten by New York Life, a leading insurance provider who is rated A++ (Superior) by A.M. Best for financial strength and is a recognized leader in service and claims experience<sup>1</sup>.

### Eligibility & Coverage Amounts

#### Eligibility

Members of the Pennsylvania Bar Association who are under age 70 and residents of the U.S. may apply for coverage. Members may also apply for coverage for their lawful spouses who are under age 70 and residents of the U.S., and for unmarried dependent children who are ages 14 days to 19 years (age 25, if a full-time student). Employees of PBA members who are under age 70, at FULL-TIME WORK<sup>2</sup>, and residents of the U.S. may also apply for coverage.

#### Your Choice of Coverage Amount

PBA members and their spouses may apply for coverage amounts between \$50,000 and \$1,000,000 in \$25,000 increments<sup>3</sup>.

You may apply for \$500 of coverage for dependent children ages 14 days to 6 months. You may also apply for \$5,000 of coverage for dependent children ages 6 months and older. The annual premium covers all eligible dependent children, regardless of the number covered.

Employees may apply for coverage amounts between \$25,000 and \$250,000 in \$25,000 increments<sup>3</sup>.

### How much life insurance should I consider?

Many experts recommend at least

**10x** { Your Gross ANNUAL INCOME }

Consider these factors in deciding coverage amount:

- EXISTING DEBTS OF THE INSURED
- FINAL EXPENSES FOR THE INSURED
- FUTURE INCOME OF THE INSURED
- FUTURE NEEDS OF THE BENEFICIARY
- SPAN OF YRS. TO SUPPORT BENEFICIARY

### Standard Plan Features

#### Accelerated Death Benefit

Sometimes there are circumstances when you may need added financial support while you're still living, and the Accelerated Death Benefit in this plan could help. If you, your insured spouse, or insured dependent child is diagnosed with a terminal illness, you can request a one-time advanced payment of 50% of the in-force coverage<sup>4</sup>. Premiums do not reduce.

Use this benefit payment for any purpose you choose—including additional medical expenses, personal care, and household expenses. Your beneficiaries still receive the remaining 50% of your death benefit. To qualify you must provide proof of terminal illness and have a life expectancy of a year or less.

#### Handicapped Child Benefit

This plan gives important consideration to parents with special needs children. Once coverage is effective for your dependent, it will remain in force for your dependent beyond the age termination date if your dependent has a physical or mental handicap which renders him or her incapable of self-sustaining employment and requires dependency on you or other care providers for support. Coverage for a special needs child can help cover final expenses and make up for lost income opportunities while the parent provides very important care to their child.

#### Portability

Access to this plan is through your association membership. Unlike employer-based coverage, this plan is portable which means that if you change jobs, your coverage does not terminate.






### 30-Day Free Look

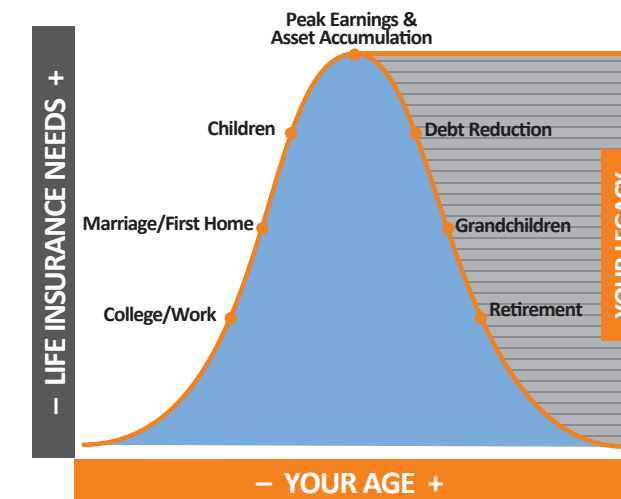
Once your coverage is approved, you will be sent a Certificate of Insurance summarizing your benefits under the Plan. If you are not completely satisfied with the terms of the Certificate, you may return it, without claim, within 30 days. We will refund your entire premium contribution and invalidate your coverage.

- 1: Third Party Ratings Report as of 6/9/2016.
- 2: FULL-TIME WORK 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.
- 3: Total coverage in force through all PBA-endorsed life insurance underwritten by New York Life cannot exceed \$2,000,000 per insured member/spouse and \$250,000 per insured employee. Spouse coverage may not exceed the member's coverage.
- 4: Not available to residents of Massachusetts. Receipt of this benefit may affect your eligibility for public assistance programs and may be taxable. Prior to your request, you should consult with appropriate social service agencies and your tax advisor.

### Will my needs ever change?

Your life insurance needs can change over time. It's important to review your coverage on a regular basis to be sure it has kept pace with your changing life, lifestyle, and legacy. Here are a few typical events that should trigger an insurance review, whether it's your milestone or a family member's:

-  GRADUATIONS
-  MARRIAGES OR DIVORCES
-  HOME SALES & PURCHASES
-  BIRTH OF A CHILD/GRANDCHILD
-  JOB CHANGE OR RETIREMENT



Applying for this coverage is easy.

Fill out an application, including all persons to be insured.

Drop your signed application and any required documents in the mail.

No payment is required now. We will bill you upon acceptance.

Once approved, you have 30 days to review your coverage, risk free.

### Summary of Terms & Conditions

#### When Coverage Begins

For PBA members, their spouses and employees of members, coverage becomes effective on the first day of the month following the date the application is approved, provided the initial premium is paid within 31 days after billing and any person proposed for insurance is performing the normal activities of a person in good health of like age on the approval date (*NOTE—Residents of NC: a person of like age*). If the person proposed for insurance is not performing the normal activities of a person in good health on the effective date, coverage will become effective on the day that person is performing normal activities, provided such day is within three months of the date insurance would otherwise have taken effect. Payment of a premium contribution does not mean coverage is in force.

Dependent child coverage will become effective on the date yours does or on the first day of the policy month following the date of approval of dependent's coverage by New York Life, whichever is later.

#### When Coverage Ends

Coverage will remain in force until the earlier of: a) you or your spouse reaches age 80; b) failure to pay premiums when due; c) the Group Policy is terminated by New York Life or the Policyholder; d) the Group Policy is modified to exclude the class of insured in which you belong; e) or you elect to end coverage.

Dependent child coverage will remain in force until the earlier of: a) failure to pay premiums when due; b) the Group Policy is terminated by New York Life or the Policyholder; c) the Group Policy is modified to exclude the class of insured in which you belong; d) the date member's coverage terminates; e) the dependent child no longer meets eligibility requirements. Upon your death, coverage for your dependent child may continue as described in the Certificate of Insurance.

Employee coverage remains in force until the earlier of: a) failure to pay premiums when due; b) the Group Policy is terminated by New York Life or the Policyholder; c) the Group Policy is modified to exclude the class of insured in which you belong; d) you elect to end coverage; or f) the employee is no longer at FULL-TIME WORK<sup>2</sup> for the member.

#### Continuing Coverage After the Initial 10-Yr. Term

If you continue to meet the eligibility requirements, you may apply for a subsequent term of guaranteed rates then in effect. If your application is approved, your premium contribution will be based on age, health and tobacco/nicotine use at the time the new rate becomes effective and will be guaranteed for a new 10-year term.

If you are not approved for a subsequent 10-year term of guaranteed rates, or you choose not apply, you may continue your existing coverage until age 80, but on a non-guaranteed rate basis. Your premium will increase according to your age.

#### Reductions, Limitations and Exclusions

Total coverage in force through all association-endorsed life insurance underwritten by New York Life cannot exceed \$2,000,000 per insured member/spouse and \$250,000 per insured employee. Total coverage amount for spouses and dependent children may not exceed the member's.

The death benefit will be limited to the total sum of the premiums paid if the insured person's death is due to suicide, whether sane or insane, within two years of the date coverage was issued. In addition, the validity of any amount of insurance which has been in force for two years during your lifetime will not otherwise be contested except for insurance eligibility provisions or non-payment of premium contributions.