



Group Term Life Insurance Plan

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?**



Nothing can replace the loss of a loved one. But carefully chosen life insurance coverage can ease the financial stress that death brings to a family. It can provide the resources your spouse and dependents need for a secure and comfortable future. In the event of your death, proceeds could be used to help:

- Pay mortgages and other debts
- Fund your children's college education
- Provide a reliable income to your family
- Care for an aging parent

Eligibility

As a Member of the Pennsylvania Bar Association under the age of 65, you are eligible to request this Group Term Life coverage. The following are also eligible for coverage:

- Your lawful spouse if under age 65.
- Your unmarried, dependent children ages 14 days through 18 years (24, if a full-time student).
- Your FULL-TIME* employees provided they are under age 65 and have been continuously employed for at least 3 months.
- The unmarried, dependent children ages 14 days through 18 years (24, if a full-time student) of FULL-TIME employees.

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

This coverage is available only for the residents of the United States (except territories) and Puerto Rico.

Plan Features

Coverage Options – Your bar association membership entitles you to apply for coverage amounts from \$50,000 to \$1,000,000 in increments of \$25,000. Coverage is also available to your:

- Spouse: You may request coverage for your eligible spouse for an amount between \$50,000 and \$1,000,000 in \$25,000 increments even if you, as the bar association member, are not covered.
- Employees: Your eligible employees, can apply for an amount between \$25,000 and \$250,000 in increments of \$25,000 for themselves or their lawful spouses.
- Children: You can apply for coverage for each of your eligible, dependent children in the following amounts:
 - Children ages 14 days through 6 months - **\$500**
 - Children ages 6 months through 18 years (24, if a full-time student) - **\$5,000**

Volume Discounts – The more coverage you request, the more you can save! If you request an option of \$150,000 or greater, you'll receive a discount in rates. Additional discounts are available for options of \$500,000 and greater.

Non-Smoker Discount – If you (or your spouse, if proposed for coverage) qualify as a non-smoker you'll receive discounts which will reduce your premiums even further! If you do not meet these requirements, you may be eligible for this coverage at higher rates.

Accelerated Death Benefit – This important feature allows you to request an advance payment of the lesser of \$250,000 or 60% of the covered person's in force life amount, should that person be diagnosed with a terminal illness and given 12 months or less to live. The request must be made at least 12 months prior to the insured person's scheduled coverage termination age and the future death benefit will be reduced accordingly. (Premium contributions will not be reduced.)

**For more information,
call a Customer Care
Representative:**

**Monday - Friday
8:30 a.m. to 4:30 p.m.**

(855) 874-0262

Plan Features (continued)

While most people use these funds to pay medical expenses such as high prescription drug costs, medical bills, experimental treatments and set their affairs in order, there are no restrictions on their use.

To qualify, the terminally ill insured must provide the insurance company with proof of terminal illness and anticipated life expectancy (12 months or less), as well as any other necessary medical information requested. For additional details and limitations, please see the Certificate of Insurance. This benefit may be requested only once.

Please note that the receipt of Accelerated Death Benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor.

Summary of Terms and Conditions

Effective Date – You and your dependents will become insured on the date specified by New York Life, provided the first premium contribution is paid within 31 days after the date billed, satisfactory evidence of insurability has been submitted, and you and your dependents are performing the normal activities of a person of good health and like age [NC residents: a person of like age] on that date.

Coverage for any person who is not performing his/her normal activities as required will not become effective until the date he/she is performing such activities, provided such date is within 3 months of the date insurance would have been effective and the person is still eligible for insurance. Payment of a premium contribution does not mean there is any coverage in force before the date as specified by New York Life.

Plan Limitations – Life insurance benefits are paid for death from any cause, at any time, anywhere in the world. The validity of any amount of life insurance that has been in force for 2 years during the insured's life will not be contested except for eligibility and non-payment of premiums.

When Insurance Ends – Coverage will remain in force until the earlier of the following:

- Premiums are not paid when due
- Insured Member or Spouse reaches age 80
- Employee is no longer employed FULL-TIME, as defined, for a bar association member
- The Group Policy is terminated by the Policyholder or New York Life
- The Group Policy is modified to exclude the class of insureds in which the covered person belongs

Dependent child coverage will end when the eligibility requirements are no longer being met or upon the termination of the member's or employee's coverage.

Waiver of Premium – If you become totally disabled before age 60 and the disability continues for at least 6 months, your life insurance, and any dependent coverage, can be continued at no cost to you, subject to certain conditions. Please see the Certificate of Insurance for additional details and limitations.

Amounts of Insurance at Later Ages – Upon attainment of age 70, the amount of insurance in force decreases to the lesser of \$100,000 or 50% of the amount in force prior to age 70. Upon attainment of age 75 amount of insurance in force decreases to the lesser of \$50,000 or 50% of the amount in force prior to age 75. Amounts in force for dependent children do not reduce.

Group Conversion Privilege – The Plan provides conversion privileges under certain circumstances of involuntary termination as described in the Certificate of Insurance.

Name Your Beneficiary – Your beneficiary is the last person designated by you in writing and recorded as such by or on behalf of New York Life. You may change this beneficiary at any time by written request. You are the automatic beneficiary for the Insured Dependents.

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.

Group Accidental Death & Dismemberment

The unexpected shock of an accident can be devastating. That's why if you are requesting Term Life coverage under this Plan, you may also request Accidental Death & Dismemberment (AD&D) coverage for yourself, in an amount equal to your Term Life amount, subject to the same age reductions, not to exceed \$500,000.

In the event of your death from a covered accident, the AD&D Principal Sum will be paid to your beneficiary. Moreover, should you suffer a specified loss due to a covered accident, a percentage of your AD&D Principal Sum will be payable, as follows:

Loss of:	Percentage of AD&D Principal Sum Payable
Two limbs	100%
Sight of both eyes	100%
One limb and sight of one eye	100%
One limb or sight of one eye	50%

Loss means: with respect to limbs, actual severance at or above the wrist or ankle joint; with respect to sight, complete and irrevocable loss thereof. The loss must be directly and independently caused by an accident while AD&D coverage is in force for you, and the loss must occur within 180 days of that accident.

Benefits payable for the same loss may not exceed the Principal Sum in force.

Exclusions – No AD&D benefits will be payable for any loss that occurs during or is due or related to military service, your incarceration for, or participation in (except as a victim) an illegal occupation/activity or the commission of a crime, your voluntary intake of drugs, narcotics or alcohol (unless as prescribed by a physician), any declared or undeclared war or act thereof, or operating, riding in or descending from any aircraft except when riding as a passenger; or for any loss that is due or related to: a physical or mental sickness or medical/surgical treatment thereof, or suicide or intentionally self-inflicted injury while sane or insane.

How to Apply

- Complete and sign an Application for Insurance for all parties to be insured.
- Be sure to answer all health questions and collect any documentation requested.
- Place your application and required documentation in an envelope and drop it in the mail.
- Send no payment now, we'll simply bill you upon acceptance.

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

To file a claim, contact the Administrator for the necessary form by calling:

(855) 874-0262



YOUR COST ~ Current 2020 Semi-Annual Premiums

The initial cost for insurance is based on the attained age of the covered person when insurance becomes effective. The cost increases as the covered person grows older.

Semi-Annual Rates per \$1,000 for Member, Spouse, Employee: Non-Smoker Rates										
Insured Age	Less than \$150,000		\$150,000 - \$299,000		\$300,000 - \$499,000		\$500,000 - \$699,000		\$700,000 - \$1,000,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
before age 30	0.60	0.48	0.42	0.34	0.41	0.33	0.40	0.32	0.39	0.31
30-34	0.74	0.57	0.50	0.39	0.47	0.38	0.45	0.37	0.44	0.35
35-39	1.03	0.69	0.71	0.52	0.62	0.51	0.59	0.50	0.58	0.48
40-44	1.67	1.16	1.27	0.90	1.07	0.88	1.02	0.86	1.00	0.84
45-49	2.85	1.86	2.12	1.44	1.72	1.42	1.65	1.37	1.62	1.34
50-54	4.42	2.81	3.62	2.31	2.92	2.03	2.80	1.95	2.74	1.91
55-59	8.30	5.58	5.95	4.57	5.04	4.23	4.84	4.06	4.74	3.97
60-64*	13.17	8.85	10.67	7.97	10.67	7.97	10.67	7.97	10.67	7.97

Semi-Annual Rates per \$1,000 for Member, Spouse, Employee: Smoker Rates										
Insured Age	Less than \$150,000		\$150,000 - \$299,000		\$300,000 - \$499,000		\$500,000 - \$699,000		\$700,000 - \$1,000,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
before age 30	0.73	0.58	0.51	0.41	0.49	0.40	0.47	0.38	0.46	0.37
30-34	0.94	0.73	0.62	0.50	0.61	0.47	0.60	0.46	0.58	0.44
35-39	1.31	0.87	0.92	0.65	0.86	0.61	0.85	0.60	0.85	0.57
40-44	2.25	1.54	1.66	1.18	1.50	1.15	1.47	1.10	1.47	1.08
45-49	3.89	2.53	2.85	1.95	2.53	1.89	2.46	1.83	2.40	1.78
50-54	5.88	3.72	4.97	2.96	4.39	2.89	4.28	2.80	4.18	2.75
55-59	10.45	6.97	7.94	5.56	7.27	5.48	7.11	5.38	6.94	5.29
60-64*	15.68	10.45	13.41	9.39	13.41	9.39	13.41	9.39	13.41	9.39

Optional AD&D benefit: The semi-annual rate is \$0.18 per \$1,000 of coverage.

The total annual premium for all of your eligible dependent children, regardless of how many, is \$6.00 for a \$5,000 coverage amount each.

* See section titled "Amounts of Insurance At Later Ages." Call the Administrator for renewal rates starting at ages 65. Coverage for Member and Member's Spouse terminates at age 80.

The premium contributions shown reflect the current rates and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people all with the same issue age and tobacco/nicotine usage. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life and the policyholder.



How New York Life Obtains Information and Underwrites Your Request for Group 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 your request 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 or 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, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying the Administrator 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 application 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 whom you may apply for insurance, or to whom a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with information 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. 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 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 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 or 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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Administered By:
USI AFFINITY
14 Cliffwood Avenue | 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-29212-0
on Policy Form G-29212-0/GMR-FACE

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