



Disability Income

Insurance

FOR MEMBERS OF THE ALLEGHENY COUNTY
BAR ASSOCIATION

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

Allegheny County
Bar Association

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 sponsored and endorsed by the Allegheny County Bar Association (ACBA).

Eligibility

You are eligible for this coverage if you are a member of the ACBA, under age 60, and you are at FULL-TIME WORK: "FULL-TIME" means actively performing the regular duties of your normal occupation 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.

Features

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

This insurance is designed to pay benefits if you are Totally Disabled before age 70. "Totally Disabled" means a covered illness or injury has left you completely and continuously unable to perform the substantial and material duties of your regular job, during and after the waiting period. If an injury, the injury must occur while coverage is in force, and must directly result in a disability within 365 days.

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 a covered 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.

Summary of Terms and Conditions

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 you 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 coverage gives you the flexibility to choose the waiting period 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.

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

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

(855) 874-0262

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 be waived for as long as you receive benefits for that disability. The Covered Total 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 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 strategy 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 benefits for a minimum period, between one week and three months, 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.

Optional Benefits

On the application under "Optional Riders" you can request any of the following options you would like your coverage 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.

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 can be renewed until the anniversary date on or after you reach age 70. Coverage will end earlier if you do not pay the premium when due, you 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 insurance 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.

Important Coverage Information

Acceptance 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-29427-0, and is subject to the terms limitations and exclusions of the policy. Please see Policy for details or contact the Administrator.

How to Apply

1. Complete the application online. 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 policy to include.
2. Date and sign the application.
3. Mail it back to USI Affinity.

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

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



Current 2023 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 policy anniversary date on or immediately after you enter a higher age bracket.

Waiting Period				
Member's Age:	30 Days	30 Days*	60 Days	60 Days*
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+	60.94	73.75	46.51	59.41
65-69*+	56.33	56.33	42.25	42.25

Member's Age:	90 Days	90 Days*	180 Days	180 Days*
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	35.14	27.34	27.34

Member's Age:	365 Days	365 Days*	Option Recovery Benefit ¹
Under 30	8.00	11.70	4.50
30-39	11.27	17.67	5.20
40-49	18.65	33.35	6.60
50-59	30.15	54.65	10.20
60-64+	24.39	37.29	15.50
65-69*+	21.54	21.54	15.50

*With ABI Benefit

** Upon the anniversary renewal date after 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.

¹ Add this cost to your Premium, if this benefit is requested.

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

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.

Please also add \$1.00 for Semi-Annual Billing Fee.

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.



How New York Life Obtains Information and Underwrites Your Request for Long-Term Disability 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, LLC. (“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, LLC., 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 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 abuserelated relationship.

New York Life Insurance Company

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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-29427-0
on Policy Form G-29427-0/GMR-FACE

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This brochure contains only a brief description of the principal provisions and features. The complete terms and conditions are set forth in the policy issued to you once coverage has been approved by New York Life to the Allegheny County Bar Association. Allegheny County Bar Association incurs certain costs in connection with providing oversight and administrative support for this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. 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.