



Group Term Life Insurance

for Members of the American Academy of Pediatrics



Underwritten by
New York Life Insurance Company

Whether you're just starting your career and family or looking forward to enjoying the fruits of your hard work in retirement, the role that life 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 American Academy of Pediatrics, you have an opportunity others don't. The AAP Insurance Program has put together features on Group Term Life Insurance that are among the best and help protect your family, your assets, and your legacy.

Affordability

The AAP 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 AAP Group Insurance Trust has been sponsoring customized plans to meet the needs of pediatricians. 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 a pediatrician.

Stability

The AAP Group Insurance Trust 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.¹

Eligibility & Coverage Amounts

Eligibility

Members of the American Academy of Pediatrics who are under age 65 and residents of the U.S. may apply for coverage. Members may also apply for coverage for their lawful spouses who are under age 65 and residents of the U.S. and for unmarried dependent children who are age 14 days to 23 years and not in military service. *Policy eligibility is contingent upon maintaining membership in the AAP.*

Your Choice of Coverage Amount

AAP members and their spouses may apply for coverage amounts beginning at \$10,000 and continue in \$5,000 increments up to \$750,000, and then in \$50,000 increments up to \$2,000,000².

You may apply for \$750 or \$1,500 of coverage for dependent children age 14 days to 6 months. You may also apply for \$7,500 or \$15,000 of coverage for dependent children age 6 months and 23 years. The annual premium covers all eligible dependent children, regardless of the number covered.

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



Features Included in the Plan

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 are diagnosed with a terminal illness, you can request a one-time advanced payment of 50% of the in-force coverage.³

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 two years or less. Premiums will not reduce.

Waiver of Premium

It's good to know that your insurance will continue should you become totally disabled. For an additional cost, premium payments for your coverage will be waived if you become totally disabled prior to age 60 and remain so for at least six months. Please refer to your Certificate of Insurance for applicable conditions.

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 or move residences, your coverage does not terminate. Just maintain your AAP membership to keep your coverage.

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: Total coverage in force through all AAP-endorsed life insurance underwritten by New York Life cannot exceed \$2,000,000 per insured member. Spouse coverage may not exceed the member's coverage.

3: 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.

4: NCHS Data Brief: Mortality in the U.S., October 2014, U.S. Dept. of Health and Human Services Center for Disease Control and Prevention.

5: Subject to U.S. government regulations on restricted countries.



Optional Plan Feature

Accidental Death & Dismemberment

No one likes to think it will happen to them, yet unintentional injuries are the fifth leading cause of death in the U.S.⁴ For an added premium, this optional AAP members-only benefit helps protect you anytime, anywhere in the world.⁵ Select an amount equal to your life insurance benefit.

Total benefits or a portion thereof is payable for accidental loss of life, limbs, sight, speech or hearing due to a covered injury. Please refer to your Certificate of Insurance for applicable conditions.

? 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



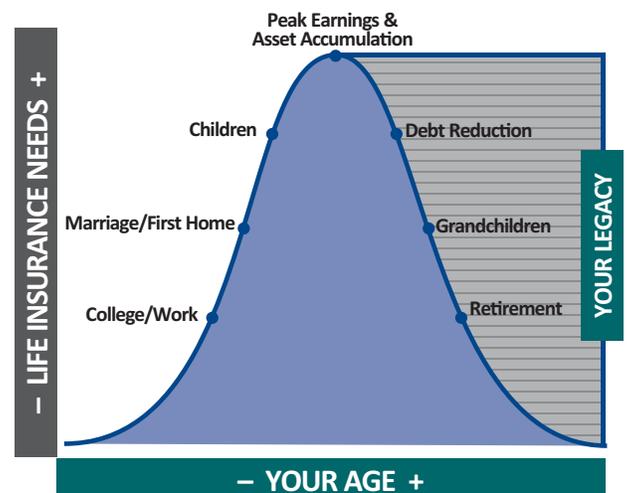
HOME SALES & PURCHASES



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 AAP members and their spouses, coverage becomes effective on the first day of the month following the date your enrollment is received, provided you pay the initial premium within 31 days after billing. You must also be performing the normal activities of a person in good health of like age (Residents of NC: the requirement is “a person of like age” only) on the approval date. Payment of a premium contribution does not mean coverage is in force.

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

When Coverage Ends

Your coverage will remain in force until the earlier of: a) you reach age 70; b) you fail to pay premiums when due; c) you discontinue your membership in the association; d) the Group Policy is terminated by New York Life or the Policyholder; e) the Group Policy is modified to exclude the class of insured in which you belong; f) or you elect to end coverage.

Spouse coverage ends on the premium date which coincides with or follows the earlier of: the date the member’s insurance is terminated or the end of the premium-paying period during which a) the marriage ends in divorce or annulment; b) the spouse becomes an insured member; or c) the spouse turns age 70.

Dependent child coverage will end when the member’s coverage ends (for reasons other than attainment of age 70). In addition, dependent child coverage will terminate when the child ceases to be an eligible dependent.

Upon the member’s death, coverage for your insured spouse or dependent child may continue as described in the Certificate of Insurance.

Coverage Reductions

Once you reach age 65 or begin full-time active duty in the military, your total coverage in force will reduce to a maximum of \$100,000. The same reduction applies to coverage for your spouse. Reductions are determined by your current age (nearest birthday) on the first day of December which precedes or coincides with the coverage renewal date. Benefit amounts are not guaranteed. Premiums do not reduce.

Coverage Exclusion

The life insurance 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.

AD&D Coverage Exclusion

No AD&D benefits will be payable for any loss that occurs during or is due/related to: a) suicide/attempted suicide or intentionally self-inflicted injury, while sane or insane; b) insurrection, riot, war, or while in service as a full-time member of military service for any country; c) the committing of/attempt to commit an assault or felony or participation in (except as a victim) or incarceration resulting from an illegal occupation or activity; d) disease or disorder of the body or mind; e) medical or surgical treatment, diagnosis, or preventive care; f) bacterial infection, except when resulting from purely accidental circumstances; g) the taking of i) drugs (except those taken as prescribed by a doctor) and intoxicants or ii) poison or inhaling of gas (except losses which are the result of accidental ingestion of poison or inhalation of poisonous gas); h) travel in/on, fall or descent from any aircraft, unless while traveling as a fare-paying passenger on a licensed commercial, non-military aircraft.

Current Semi-Annual Non-Smoker Rates per \$1,000 in Coverage*

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
Male	\$ 0.18	\$ 0.27	\$ 0.33	\$ 0.47	\$ 0.73	\$ 1.12	\$ 1.84	\$ 2.72
Female	\$ 0.13	\$ 0.19	\$ 0.26	\$ 0.36	\$ 0.59	\$ 0.92	\$ 1.38	\$ 2.33
MT Residents	\$ 0.16	\$ 0.23	\$ 0.30	\$ 0.41	\$ 0.66	\$ 1.02	\$ 1.61	\$ 2.53

Optional AD&D Benefit: The semi-annual rate is \$0.15 per \$1,000 of coverage. This benefit can only be purchased in equal amounts to your Group Term Life coverage.

Dependent Child Rates (regardless of the number of dependent children covered):

Age	Amount	Semi-Annual Rate
6 months to 23 years	\$15,000	\$15.15
	\$7,500	\$7.58
14 days to 6 months	\$1,500	\$15.15
	\$750	\$7.58

* The cost of this life insurance is based on your gender, amount of life insurance requested, usage of tobacco/nicotine products, and age attained on the date coverage is issued. Premiums increase as the insured person ages and enters a new age category. The rates shown reflect the current rate for qualified non-smokers; for smoker rates, please contact the Plan Administrator.

Premium contributions will vary depending on options chosen. Premium contributions may be changed by New York Life on any premium due date and any date on which premiums 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. Rates increase when you enter a new age bracket. Renewal premiums are monthly. Each renewal premium is determined by your age on that renewal date.

Your initial premium is determined by your current age (nearest birthday) on the first day of December which precedes or coincides with the certificate effective date. Thereafter, for purposes of determining premium, your age will increase one year every December 1st.

MONTANA RESIDENTS: Rates shown apply to all residents, regardless of gender.

TEXAS RESIDENTS: Do not use this chart. Please contact the administrator for additional information applicable to your state.

Please call the administrator for rates and/or coverage amounts not shown in this brochure.



How to Calculate Your Semi-Annual Premium Cost:

- 1) Desired Coverage Amount:
- 2) Divide by 1,000:
- 3) Enter the rate for your age and gender (*MT Residents see separate rates*):
- 4) Multiply Lines 2 and 3:
- 5) *Optional AD&D Coverage (must be an equal amount to your life insurance benefit):*
- 6) Divide by 1,000:
- 7) Multiply Line 6 x 0.15:
- 8) Add Lines 4 and 7:

This is your Semi-Annual Premium.

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 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 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.

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 Insurance Company to the Trustees of the American Academy of Pediatrics Group Insurance Trust, and each insured will receive a Certificate of Insurance summarizing all the benefits and coverage provisions provided under Group Policy G-46330-0 on policy form GMR-FACE/G-46330-0.

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) 257-3220 • Monday - Friday, 9 a.m. to 5 p.m. (ET)



AFFINITY

Administered By:

USI AFFINITY

14 Cliffwood Avenue, Suite 310

Matawan, NJ 07747

AR Insurance License # 325944

CA Insurance License # 0G11911



This Insurance Is Underwritten By:

NEW YORK LIFE INSURANCE COMPANY

51 Madison Avenue | New York, NY 10010

Under Group Policy G-46330-0

on Policy Form G-46330-0/GMR-FACE