

Protection... for the unexpected

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

- Up to \$10,000 in monthly benefits
- Economical group rates
- 3 waiting periods to choose from
- Residual Disability Benefits
- Portable

As a medical professional, you know that disabling accidents and illnesses do occur. You also realize that a disability can affect more than just your health—it can seriously threaten your financial security. And to help guard against the financial effect of a disability, you need professional income protection. You should consider the AAP sponsored Disability Income Insurance program, underwritten by New York Life Insurance Company.

This voluntary group coverage is designed especially for professionals like yourself—providing protection against unexpected loss of income. During a disabling sickness or injury, this program can help replace part of your income. And, in case of a long-term disability, this program can help provide the additional financial security you'll need over a period of many years—minimizing the drain on your savings and investments.

Positive Features to Help Protect Your Income

Choice of Plans

You can select a monthly benefit from \$1,000 to \$10,000 a month up to 75% of your average monthly income (personal earnings after expenses and before taxes). This includes income received from commissions, bonuses, overtime pay or other extra compensation. It does not include income from sources other than your current profession. The total benefits purchased through this and all other disability plans cannot exceed 75% of your average monthly earnings, up to a maximum of \$15,000, when combined with other disability coverage.

You can choose from 3 waiting periods:

- 60 days
- 90 days
- 180 days

The waiting period is the number of consecutive days you must be totally disabled before benefits begin.

If a covered total disability stops during the waiting period for a total of accumulated days which do not exceed the number of days shown in the table below, the total disability will be considered as continuous. Days that are not total disability days will not count toward satisfying the waiting period.

Waiting Period:	Maximum Days:
• 60 days	• 5 days
• 90 days	• 7 days
• 180 days	• 14 days

Choice of Plan

The benefits provided under this policy and the premium will vary depending on the amount of monthly benefit and the waiting period selected.

Accident or Sickness Benefit Periods

For total disability due to a covered illness or accident incurred while practicing your profession or in private life, benefits are payable to age 70. The benefit period for disabilities in connection with mental disorders and/or chemical dependency is limited to two years.

Benefit Amounts Payable at Older Ages

At age 65, monthly benefits are reduced to 50% of the before-age-65 benefit. For disabilities that begin at age 68 or older but prior to termination, benefits are payable for 2 years or to age 70, whichever is later.

Residual Disability Benefit

Under the Residual Benefit provision, if you return to your practice after a covered disability that began before age 65 and that lasted for at least 30 consecutive days, you may be entitled to a Residual Benefit if:

1. (a) a total disability income benefit was paid for the disability, or (b) you were totally disabled for at least 30 consecutive days and you satisfied your waiting period. For purposes of this benefit, your waiting period can be satisfied through a combination of total disability and residual disability days, (interruptions in disability, other than during the required 30 consecutive days of total disability, that do not exceed the chart shown under the waiting periods, will not be considered a break in disability). Days that the Insured is not totally disabled will not count toward satisfying the waiting period, and
2. you did not receive benefits for the full maximum period applicable to the disability, and
3. your current average earnings during the most recent 6 months after the total disability ends are no more than 80% of your pre-disability income. (Pre-disability income is your average net monthly earnings for the 12 months or 24 months prior to the onset of the total disability, whichever is higher).

The Residual Benefit is a percentage of the total disability income benefit equal to the percentage reduction of monthly earnings. However, for each month that the percentage reduction is 75% or more, the Plan will pay the full total disability benefit.

Residual Disability Benefit for Communicable Diseases

If you contract a "communicable disease," you may be eligible for residual disability benefits even though you are

not totally disabled. In order to be eligible for the residual disability benefit, you must be under age 65 and earning less than 80% of your average net monthly income due to contracting the communicable disease. Benefits will not begin until the applicable waiting period has been satisfied. The amount and duration will be determined in the same manner as the Residual Disability Benefit described in this brochure.

A "communicable disease" means any of the following conditions, but only if the applicable medical profession recommends or appropriate governmental agency requires the disclosure of the diagnosis of the disease and it results in a limitation of your practice due to contracting the disease: Acute Viral Hepatitis of the non-A type, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or tuberculosis.

Organ Transplant Benefit

If, after a member has been insured under the New York Life Long Term Disability Income plan for six months, the member undergoes a surgical procedure to accomplish organ donation for transplant, the member will be considered totally disabled and will be eligible for full benefits under the plan. No waiting period will apply, and benefits will be payable from the first day of total disability. The only exception to this benefit is that any portion of the monthly benefit option which became effective during the six months immediately preceding the organ donation, will not be payable for this disability.

Benefits For Recurring Disability

Successive periods of disability due to the same or related cause and not separated by a return to active practice for at least six consecutive months will be considered one period of disability, as will unrelated disabilities that are not separated by return to active practice for at least one full day. Disabilities that meet these separation requirements will be treated as a new disability, subject to a new waiting period.

Survivor's Benefit

When proof is received that an insured individual died:

- (1) after total disability has continued for 180 days or more in a row; and
- (2) while receiving a monthly benefit;

then New York Life will pay to the eligible survivor, as defined in the group policy, a sum equal to three times the last monthly benefit. The last monthly benefit means the monthly benefit paid to the insured immediately prior to his or her death.

Eligibility

To apply for coverage, you must be a member of the American Academy of Pediatrics, under age 60, residing in the U.S. or Canada (excluding Quebec) and actively engaged in the regular duties of your profession, receiving earnings, for at least 20 hours per week. Members of the military service are not eligible.

AAP Executive Directors are also eligible to apply for this coverage.

When Coverage Ends

Your insurance cannot be terminated, nor renewal refused, as long as you are actively engaged in your profession, under age 70, do not enter military service, pay your premiums when due and the group policy is not terminated by New York Life or the Policyholder.

Coverage is terminated when you enter the armed forces, voluntarily retire, reduce your practice to fewer than 20 hours per week, cease to reside in the United States or Canada, cease to pay your premium when due, the group policy is terminated by New York Life or the Policyholder or on the renewal date following your 70th birthday.

World Wide Coverage

Once accepted, your group coverage is in force even during vacation travel world wide provided you remain a resident of the United States or Canada.

Portable

This plan is portable no matter where you practice so long as you reside in the United States or Canada.

Waiver of Premium Included

If you are totally disabled due to a covered sickness or injury and have received benefits for at least 6 continuous months, New York Life will waive future payment of your premium for the duration of your disability.

Some Things You Should Know

Full Disclosure of Health History

All applicants must meet the underwriting requirements of New York Life. There are both physical and non-physical underwriting requirements which must be met.

New York Life reserves the right to decline coverage. If you meet these requirements and your application is accepted, your coverage will begin on the 1st of the month following the date your application is approved provided you are actively working on that date. Your coverage does not become effective until the first premium is paid.

After meeting the underwriting requirements, benefits are payable regardless of any other insurance you may carry. All total disabilities resulting from accident or sickness arising after the insurance is effective are covered (regardless of the date of origin of the ailment), provided your complete medical history was included in your application.

Definitions

Own Occupation

During the waiting period and for the first sixty continuous months of a claim, total disability is defined as your inability to perform all the material and substantial duties of your profession.

Continuing Total Disability

After five years of continuous disability, total disability is defined as the inability to perform all of the material and substantial duties of any profession or occupation for which you are reasonably suited by your education, training, experience, age and physical and mental capacity.

30-Day Free Look

We want you to get the coverage that's right for your insurance needs. That's why we give you a period of 30 days to review your Certificate. If you return your Certificate within 30 days without claim, we will refund your full premium and the Certificate will be null and void.

Only AAP members may apply.

Exclusions

Benefits are not payable for disability for any of the following losses:

1. Due to war or any act of war, whether declared or undeclared.
2. Due to any act of international armed conflict or conflict involving the armed forces of any international authority.
3. Incurred while the insured individual is in the armed services of any country or international authority.
4. Due to the insured individual's attempted suicide while sane or insane.*
5. Resulting from the insured individual's intentionally self-inflicted illness.*
6. Resulting from the insured individual's committing of or the attempting to commit, a felony or any type of assault or battery.

7. Resulting from the insured individual's participation in a riot.
8. Resulting from the insured individual engaging in an illegal activity.
9. Resulting from a normal pregnancy or a normal childbirth or a related medical condition except for certain complications of pregnancy.
10. Incurred while riding in any vehicle or device for aerial navigation, except:
 1. As a fare-paying passenger in a licensed passenger aircraft which is being operated at the time upon a regular schedule between established airports; or
 2. While traveling in a civil aircraft having a current and valid "Standard Federal Aviation Agency Airworthiness Certificate" and piloted by a person with a valid and current pilot's certificate with the proper ratings for the type of flight and aircraft involved.

11. Resulting from any impairment or limitation specifically excluded from coverage.
12. A disability that does not require the regular care of a doctor ("doctor" does not include yourself or a member of your immediate family).

*Missouri Residents: The exclusion for self-inflicted illness or attempted suicide while sane or insane is not applicable to an attempted suicide while insane.

This brochure is a brief description of the features of the plan. It is not a contract. Complete terms and conditions of coverage are set forth in the Group Policy G-50861 issued by New York Life to the Trustees of the American Academy of Pediatrics Group Insurance Trust.

Each insured will receive a Certificate/Booklet of Insurance containing all the benefits and coverage provisions. Provided under G50861-0 on policy form GMR-FACE-G50861-0.

Affordable Semi-Annual Premiums

Remember, when you compare our rates with other plans, you're looking at semi-annual premiums.

Simply select the monthly benefit and waiting period best for you.

- Renewal premiums are semi-annual. Each renewal premium is determined by your age on that renewal date.
- Rates subject to change on thirty days notice.
- Group renewal dates are May 1 and November 1. Premiums are calculated on a pro-rata basis for applications approved between renewal dates.
- The cost of this valuable protection may be considerably less than that of comparable coverage purchased individually. That's because of the American Academy of Pediatrics' wholesale buying power and the economies of group administration.

Determining Your Benefit

Determine the waiting period you desire and the amount of monthly benefit that best meets your needs. You can select up to 75% of your average monthly earnings up to a combined maximum of \$15,000 with other plans.

Calculate your Premium

Example: You are a 38-year-old male, and are eligible for \$6,500 of coverage. You choose a 90-day waiting period. To calculate your premium, multiply the number of \$100 increments in your selected benefit amount by the premium shown for your age and gender in the 90-day waiting period column. See the sample below.

Example Premium

Number of \$100 benefit increments..... 65

Premium for your age and gender..... x \$ 6.54

Semi-annual premium \$ 425.10

Now Calculate Your Premium Amount

Number of \$100 benefit increments..... _____

Premium for your age and gender..... x \$ _____

Semi-annual premium \$ _____

Apply Now

1. Complete, date and sign your application.
2. Send no money. You'll be billed when your application is approved and coverage is issued.
3. Send the application and direct inquiries to:

Pediatrics Insurance Consultants, Inc.
 300 S. Wacker Drive
 Suite 2800
 Chicago, IL 60606-6703
 800-257-3220
 312-419-9700
 Send No Money Now

Residents of Puerto Rico, please send your application to:
 Global Insurance Agency, Inc.
 P.O. Box 9023918
 Old San Juan, PR 00902-3918

Due to varying regulations, this group plan is not available in foreign countries, except Canada (excluding Quebec).

Canadian Residents: Pediatrics Insurance Consultants, Inc. is acting solely as an administrator for Canadian residents.

IMPORTANT TAX INFORMATION FOR RESIDENTS OF ONTARIO, CANADA:
 Ontario has enacted a law requiring taxation of all group insurance purchased by individuals. An 8% tax will be added to the amount of any premium due (in U.S. dollars).

Only AAP members may apply.

Current Semi-Annual Premiums as of 2011

Rates per \$100 of benefits. Benefits are available from \$1,000 to \$10,000

Current age	60-day waiting period. Benefits begin 61st day of total disability.		90-day waiting period. Benefits begin 91st day of total disability.		180-day waiting period. Benefits begin 181st day of total disability.	
	Male	Female	Male	Female	Male	Female
Under Age 30	\$5.84	\$6.26	\$3.43	\$3.74	\$2.90	\$3.43
30-34	6.88	8.71	4.46	5.39	3.73	4.69
35-39	8.72	11.86	6.54	8.54	5.59	7.51
40-44	9.96	13.53	7.38	10.00	6.25	8.54
45-49	15.53	19.38	12.13	16.21	10.38	13.12
50-54	21.77	25.53	18.70	23.17	15.00	18.06
55-59	36.28	39.30	33.18	36.22	25.55	28.13
60-64*	54.43	56.93	48.00	50.22	37.50	37.50
65-69*+	50.73	53.06	44.68	46.75	35.01	35.01

Montana residents please refer to separate rate sheet.

*Premiums for ages 60 and above are shown for renewal purposes only.

+Monthly benefits are reduced 50% of the pre-aged-65 benefit at the first premium due date on or following the insured's 65th birthday.

On the first premium due date on or following the insured's 70th birthday, coverage terminates.

Rates shown are current and may be changed by New York Life on any premium due date and on any date on which benefits are changed. Rates increase when you enter a new age bracket. Your rates may be changed only if they are changed for all others in the same class of insureds under this policy. For example, a class is a group of people with the same age or gender. Benefits may be changed by agreement between New York Life and the Trustees of the American Academy of Pediatrics Group Insurance Trust.

The benefits provided under this policy and the premium will vary depending on the amount of monthly benefit and the waiting period selected.

IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request For Disability Income Coverage

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, and other insurance companies to which you have applied for insurance. 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.

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 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.

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).

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, 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, you may contact New York Life and seek a correction.

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.

¹PROTECTED 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.

²CONFIDENTIAL 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.

Brokers for the AAP Group Insurance Trust



Pediatrics Insurance Consultants, Inc.
300 S. Wacker Drive
Suite 2800
Chicago, IL 60606-6703
800-257-3220
312-419-9700

Call toll free
☎ 1-800-257-3220



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