

## 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

### New York Life Insurance Company

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 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-46330-1 on policy form GMR-FACE/G-46330-1.

AAP incurs certain costs in connection with this sponsored group plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. AAP also receives a fee for the license of its name and logo for use in connection with this plan.

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)

 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-46330-1  
on Policy Form G-46330-1/GMR-FACE

 AFFINITY

 Underwritten by  
New York Life Insurance Company

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](http://www.mib.com). For Canadian residents, the address is MIB, Inc., MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for the consumers about MIB may be obtained on its website at [www.mib.com](http://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.

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## Group Term Life Insurance for Employees of Members of the American Academy of Pediatrics



## 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 an employee of a member of the American Academy of Pediatrics, you have an opportunity others don't. The AAP Insurance Program has put together valuable features on Group Term Life Insurance that 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<sup>1</sup> and is a recognized leader in service and claims experience.

### 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.



### Eligibility & Coverage Amounts

#### Eligibility

Employees of members of the American Academy of Pediatrics who are under age 65 and residents of the U.S. may apply for coverage. You must be Actively at Work: actively engaged in the duties of your profession for at least 30 hours per week and have completed the 60-day waiting period. Policy eligibility is contingent upon maintaining membership in the AAP.

#### Your Choice of Coverage Amount

You may apply for \$50,000 or \$100,000 of coverage.



### 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 are diagnosed with a terminal illness, you can request a one-time advanced payment of 50% of the in-force coverage<sup>2</sup>.

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 12 months or less. Premiums will not reduce.



### Optional Plan Feature

#### Accidental Death & Dismemberment

No one likes to think it will happen to them, yet unintentional injuries are the third leading cause of death in the U.S.<sup>3</sup> For an added premium, this optional AAP members-only benefit helps protect you anytime, anywhere in the world.<sup>4</sup> 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.

- 1: Third Party Ratings Report as of 7/25/2018.
- 2: 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.
- 3: NCHS Data Brief: Mortality in the U.S., November 2018, U.S. Dept. of Health and Human Services Center for Disease Control and Prevention.
- 4: Subject to U.S. government regulations on restricted countries.

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

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 and you are Actively at Work. If you are not Actively at Work on the date your insurance would have taken effect, coverage begins when you return to work if it's within three months such date and you are still eligible. 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.

#### 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) your employment with an AAP member ceases; 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) you elect to end coverage; g) or with respect to AD&D coverage, the day you begin Active Duty in the Armed Forces.

#### 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, dental, or surgical treatment unrelated to a covered accident, 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.

### 2019 Current Semi-Annual Non-Smoker Rates\*

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
<i>Male</i>								
\$100,000	\$18.24	\$27.29	\$33.25	\$46.62	\$72.90	\$112.23	\$184.05	\$272.34
\$50,000	\$9.12	\$13.65	\$16.63	\$23.31	\$36.45	\$56.12	\$92.03	\$136.17
<i>Female</i>								
\$100,000	\$12.92	\$19.49	\$25.86	\$35.64	\$58.86	\$91.80	\$137.70	\$232.74
\$50,000	\$6.46	\$9.75	\$12.93	\$17.82	\$29.43	\$45.90	\$68.85	\$116.37
<i>Montana Residents Only</i>								
\$100,000	\$15.58	\$23.39	\$29.55	\$41.13	\$65.88	\$102.06	\$160.92	\$252.54
\$50,000	\$7.79	\$11.70	\$14.78	\$20.57	\$32.94	\$51.03	\$80.46	\$126.27

**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.

\* 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 are for qualified non-smokers. For your corresponding smoker rate, please contact the Plan Administrator.

Premium contributions will vary depending 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 individuals regardless of gender.

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