Group 15-Yr. Level Term Life
Insurance

FOR MEMBERS OF THE
AMERICAN ACADEMY OF PEDIATRICS

Underwritten by

New York Life Insurance Company

G-31090-0

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 15-Year Level Term Life Insurance that are valuable features designed to help protect your family, your assets, and your legacy.

Member-Only Rates – The AAP Insurance Program gives you access to group buying power. Unlike insurance you might find in the general market, you get the benefit of your group association. Plus, as part of a group policy, you can never be singled out for a rate

Quick Decision℠ for AAP Members – QuickDecision is New York Life's proprietary medical underwriting process designed to help deliver a faster decision (often instantly or within just a few days) on your insurance application so you can be covered sooner — with no medical exam for many applicants. Using online health questions and secure data sources such as prescription, medical claims history and Medical Information Bureau (MIB), QuickDecision provides faster, accurate decisions in a convenient, time-efficient way compared to standard medical underwriting.

Not all applicants will be approved. In some cases, additional review, documents or a medical exam may be required. QuickDecision may not be available in all states and territories and i s not a vailable in Canada.

Advocacy – For decades, the AAP Group Insurance Trust has been sponsoring customized policies 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 policy is underwritten by New York Life, a leading insurance provider who is rated Standard & Poor's (AA+); A.M. Best (A++); Moody's (Aa1); and Fitch (AAA) 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 15 days to 23 years. Coverage is contingent upon maintaining membership in the AAP.

A dependent who is also an AAP member is eligible for either member or dependent coverage, but not both. If both member and spouse are covered as members, neither may insure the other as spouse and only one may insure any eligible children.

Your Choice of Coverage Amount – AAP members and their spouses may apply for coverage amounts between $100,000 and $3,000,000 in $10,000 increments[2].

You may apply for $15,000 of coverage for dependent children. The annual premium covers all of your eligible dependent children, regardless of how many.

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

Guaranteed Rates for 15 Years – Once your coverage is issued, your rates are guaranteed for a 15-year term. As you age, your premiums will not increase, giving you peace of mind that you've got coverage for years to come. At the end of your initial 15-year term, you have the option to continue coverage with no underwriting or medical questions on a nonguaranteed rate basis, or if you are still under age 64, apply for a new 15-year term of guaranteed rates. The choice is yours.

Accelerated Death Benefit – Sometimes there are circumstances when you may need added financial support while you're still living, and the Accelerated Death Benefit 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.

Volume Discounts – The more coverage you request, the more money you can save on your premiums. For coverage amounts of $250,000 or more, you'll receive a volume discount. For amounts $500,000 or more, the savings are even greater.

Portability – Access to this insurance is through your association membership. Unlike employer-based coverage, this insurance is portable which means that if you change jobs or move residences, your coverage can continue. Just maintain your AAP membership to keep your coverage. (See *When Coverage Ends* for additional information)

[1] Source: Individual Third-Party Ratings Reports as of 9/30/2025.

[2] Total coverage in-force through all AAP-endorsed life insurance underwritten by New York Life cannot exceed $3,000,000 per insured member. Spouse coverage may not exceed the member's coverage.

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

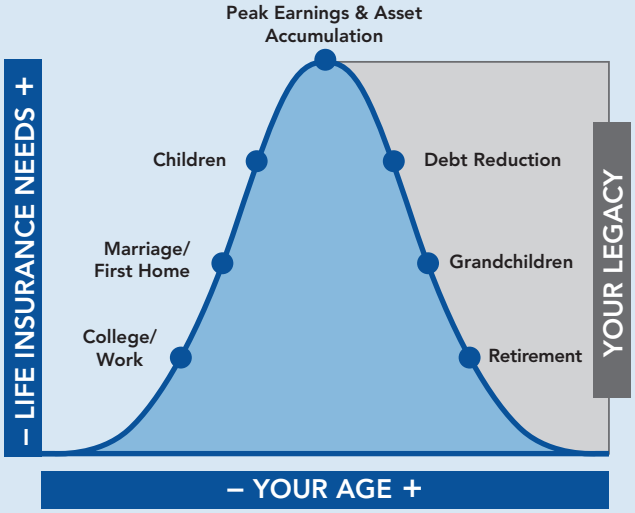
30-Day Free Look

Once your coverage is approved, you will be sent a Certificate of Insurance summarizing your benefits under the Policy. 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.

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



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 application is approved by New York Life Insurance Company, 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 80; 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 80.

Dependent child coverage will end when the member's coverage ends. In addition, dependent child coverage will terminate when the child ceases to be an eligible dependent. In addition to the above termination provisions, AD & D coverage will end when you begin full-time active duty in the military. Upon the member's death, coverage for your insured spouse or dependent child may continue as described in the Certificate of Insurance.

Continuing Coverage After the Initial 15-yr. Term – If you continue to meet the eligibility requirements, you and your spouse can apply for a subsequent term of guaranteed rates then in effect. If your application is approved, your premium contribution will be based on age, health and tobacco/nicotine use at the time the new rate becomes effective and will be guaranteed for a new 15-year term.

If you are not approved for a subsequent 15-year term of guaranteed rates, or you choose to not apply, you may continue your existing coverage until age 80, but on a non-guaranteed rate basis. Your premium will increase according to your age.

Coverage Exclusion – Total coverage in force through all association-endorsed life insurance underwritten by New York Life cannot exceed $3,000,000 per insured member/spouse. Total coverage amount for spouses and dependent children may not exceed the member's.

The death 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.

Current 2026 Annual Rates per $1,000 of Coverage*

	PREFERRED						SELECT					
	$100,000 - $249,999		$250,000 - $499,999		$500,000 - $3,000,000		$100,000 - $249,999		$250,000 - $499,999		$500,000 - $3,000,000	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 & Under	$1.01	$0.86	$0.71	$0.58	$0.65	$0.52	$1.19	$1.07	$0.92	$0.80	$0.87	$0.73
31	$1.03	$0.88	$0.72	$0.60	$0.67	$0.54	$1.20	$1.09	$0.92	$0.81	$0.87	$0.75
32	$1.05	$0.92	$0.74	$0.62	$0.68	$0.56	$1.22	$1.13	$0.94	$0.84	$0.88	$0.79
33	$1.07	$0.96	$0.75	$0.65	$0.69	$0.59	$1.24	$1.16	$0.95	$0.88	$0.90	$0.82
34	$1.09	$0.99	$0.77	$0.68	$0.71	$0.62	$1.27	$1.21	$0.98	$0.92	$0.93	$0.86
35	$1.11	$1.04	$0.78	$0.72	$0.72	$0.65	$1.30	$1.27	$1.01	$0.97	$0.96	$0.91
36	$1.16	$1.07	$0.81	$0.73	$0.75	$0.67	$1.34	$1.33	$1.05	$1.02	$1.00	$0.97
37	$1.23	$1.09	$0.84	$0.77	$0.78	$0.70	$1.40	$1.39	$1.10	$1.07	$1.04	$1.01
38	$1.31	$1.12	$0.89	$0.80	$0.83	$0.73	$1.46	$1.45	$1.15	$1.13	$1.10	$1.07
39	$1.41	$1.16	$0.95	$0.84	$0.88	$0.77	$1.55	$1.54	$1.23	$1.20	$1.17	$1.14
40	$1.53	$1.22	$1.03	$0.88	$0.96	$0.82	$1.67	$1.62	$1.32	$1.28	$1.27	$1.22
41	$1.65	$1.28	$1.12	$0.94	$1.06	$0.87	$1.80	$1.72	$1.44	$1.35	$1.39	$1.29
42	$1.80	$1.36	$1.24	$1.02	$1.18	$0.95	$1.97	$1.80	$1.59	$1.44	$1.54	$1.38
43	$1.98	$1.46	$1.37	$1.09	$1.30	$1.03	$2.17	$1.92	$1.77	$1.54	$1.71	$1.48
44	$2.14	$1.57	$1.52	$1.19	$1.45	$1.13	$2.37	$2.04	$1.94	$1.65	$1.89	$1.58
45	$2.32	$1.67	$1.66	$1.29	$1.60	$1.23	$2.58	$2.19	$2.13	$1.77	$2.08	$1.71
46	$2.49	$1.79	$1.82	$1.40	$1.76	$1.34	$2.79	$2.36	$2.29	$1.91	$2.24	$1.85
47	$2.67	$1.92	$1.99	$1.52	$1.93	$1.45	$2.98	$2.55	$2.47	$2.08	$2.42	$2.02
48	$2.84	$2.05	$2.18	$1.66	$2.12	$1.59	$3.18	$2.75	$2.65	$2.26	$2.60	$2.21
49	$3.06	$2.20	$2.37	$1.79	$2.31	$1.73	$3.46	$2.97	$2.89	$2.45	$2.83	$2.39
50	$3.33	$2.37	$2.58	$1.94	$2.51	$1.88	$3.79	$3.21	$3.18	$2.66	$3.12	$2.60
51	$3.65	$2.55	$2.79	$2.11	$2.72	$2.05	$4.21	$3.43	$3.55	$2.84	$3.50	$2.78
52	$4.01	$2.75	$2.98	$2.28	$2.91	$2.21	$4.72	$3.65	$3.98	$3.04	$3.93	$2.98
53	$4.42	$2.96	$3.20	$2.46	$3.14	$2.40	$5.30	$3.90	$4.49	$3.25	$4.43	$3.20
54	$4.90	$3.21	$3.49	$2.68	$3.42	$2.62	$5.92	$4.22	$5.03	$3.53	$4.97	$3.46
55	$5.49	$3.58	$3.98	$3.01	$3.87	$2.93	$6.64	$4.69	$5.67	$3.86	$5.62	$3.77
56	$6.14	$3.98	$4.47	$3.36	$4.37	$3.28	$7.39	$5.20	$6.35	$4.29	$6.31	$4.21
57	$6.79	$4.37	$4.97	$3.71	$4.86	$3.63	$8.15	$5.70	$7.02	$4.72	$6.99	$4.64
58	$7.44	$4.76	$5.46	$4.06	$5.36	$3.98	$8.91	$6.20	$7.69	$5.15	$7.67	$5.08
59	$8.09	$5.15	$5.96	$4.41	$5.85	$4.34	$9.68	$6.70	$8.18	$5.59	$8.36	$5.51
60	$8.81	$5.57	$6.50	$4.79	$6.39	$4.73	$10.51	$7.25	$9.12	$6.07	$9.12	$5.98
61	$9.58	$6.03	$7.10	$5.21	$6.97	$5.16	$11.42	$7.84	$9.93	$6.59	$9.94	$6.49
62	$10.43	$6.52	$7.75	$5.66	$7.61	$5.63	$12.40	$8.47	$10.82	$7.15	$10.83	$7.04
63	$11.35	$7.06	$8.46	$6.15	$8.31	$6.13	$13.47	$9.16	$11.78	$7.77	$11.80	$7.64
64	$12.35	$7.64	$9.23	$6.68	$9.08	$6.69	$14.63	$9.91	$12.82	$8.43	$12.87	$8.30

Dependent Child Semi-Annual Rate (regardless of the number of dependent children covered): $15.15

Rates are subject to change.

* 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. Only non-tobacco/nicotine users meeting the highest underwriting standards may qualify for the Preferred Rates shown here. Others may qualify for Select or Standard rates, the policy'shighest. (Smokers may only qualify for Standard rates. For your Standard rate, please contact the administrator.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Rates are guaranteed to remain level for the initial 15-year term. Then, if still eligible, you may re-apply for 15-year level rates in effect for a subsequent 15-year term; rates for the subsequent term would be determined on then current age, health and tobacco/nicotine use and guaranteed for 15 years. If you're not approved for a subsequent 15-year term of guaranteed rates or do not apply for a subsequent 15-year term, coverage will continue in force on a non-guaranteed rate basis with increasing premium as the insured ages.

Your premium is determined by your current age at the time of billing. Bills are generated 30 days prior to your billing period.

MONTANA RESIDENTS: Male rates apply to all individuals regardless of gender.

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

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, 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 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 (TTY 866-346-3642). Information for consumers about MIB may be obtained on its website at 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.

For NM Residents: PROTECTED PERSONS[1] have a right of access to certain CONFIDENTIAL ABUSE INFORMATION[2] 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 **8.12 ed**

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-31090-0 on policy form GMR-FACE/G-31090-0.

AAP is compensated in connection with this sponsored group coverage to provide and maintain this valuable membership benefit.

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)

USI AFFINITY

Administered by:
USI AFFINITY
90 Matawan Road, Suite 203
Matawan, NJ 07747
AR Insurance License # 325944
CA Insurance License # 0G11911

NEW YORK LIFE

This insurance is underwritten by:
NEW YORK LIFE INSURANCE COMPANY
51 Madison Avenue
New York, NY 10010
Under Group Policy G-31090-0
on Policy Form G-31090-0/GMR-FACE

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