

APSIT GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Why purchase Accidental Death & Dismemberment Insurance through APSIT?

With APSIT Group Accidental Death & Dismemberment Insurance, you'll have access to the following benefits if you are injured in an accident:

- Your choice of \$20,000 to \$300,000 Principal Sum (in units of \$20,000)
- Spouse and dependent children coverage available
- Common carrier benefit
- Repatriation benefit
- Rehabilitation benefit
- Education benefit
- Common disaster benefit

How much coverage can I apply for?

If you're an APSIT member, under age 70, a resident of the United States (except FL, NC, VT, and WA); Puerto Rico; or Canada (except Quebec), you're eligible to apply for a Principal

Your choice of
\$20,000
TO
\$300,000
PRINCIPAL SUM

Sum of \$20,000 to \$300,000 (in units of \$20,000) of APSIT Group Accidental Death & Dismemberment Insurance.

You may select a Principal Sum ranging from \$20,000 to \$300,000 (in units of \$20,000) for yourself—at competitive rates. You have a choice of two plans—the Member Only Plan or the Family Plan. The Member Only Plan pays benefits for covered accidental death or injury for you alone. The Family Plan is designed to cover all of your eligible dependents for benefit amounts based on a percentage of your Principal Sum.

An individual may not be insured under one or more Accidental Death & Dismemberment Insurance Group Policies underwritten by New York Life for a total amount of Accidental Death & Dismemberment Insurance coverage that exceeds current insurance standards.

How does this plan work?

Schedule of Benefits

For an injury directly and independently caused by an accident while coverage is in force for you, your spouse, or your child, the benefits specified below will be paid if such resulting loss(es) occur within 365 days of that accident.

Benefits are payable for the following losses:

- **Full principal sum** for loss of: life, two limbs, sight of both eyes, both speech and hearing, or one limb and sight of one eye.

Your choice of two plans:

MEMBER ONLY PLAN
OR
FAMILY PLAN

- **One-half of principal sum** for loss of: one limb, sight of one eye, speech, or hearing.
- **One-quarter of principal sum** for loss of: the thumb and index finger of either hand.

Loss means: with reference to limbs, actual severance through or above the wrist or ankle joints; with reference to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with reference to sight, speech, or hearing, entire and irrevocable loss thereof.

The total benefit payable for all losses due to a single accident will not be more than the Principal Sum. Only one of the sums, the largest, will be paid for all injuries to the same limb resulting from one accident.

What do these features provide?

The following benefits are payable in addition to any other benefits received under the plan.

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Common Carrier Benefit: If a covered loss occurs as a result of an accident while the injured person is a passenger on a licensed common carrier (train, bus, etc.), an additional \$50,000 benefit will be payable, provided the member is under age 70 at the time of the accident.

Repatriation Benefit: If a covered accidental death occurs outside of the insured person’s state of residence, an additional benefit of the lesser of the actual cost incurred, 2% of the principal sum, or \$5,000, will be paid for the preparation and transportation of the body to the burial or cremation site.

Rehabilitation Benefit: Rehabilitation training can help an insured person return to former productivity following an accident. This benefit may be paid for a covered loss other than loss of life. The amount paid will be the lesser of the actual cost incurred, 2% of the principal sum, or \$5,000.

Education Benefit: If the benefit for loss of life is payable with respect to the insured member, and his/her dependents are covered by this plan on the date of the accident, this plan will pay an education benefit equal to the lesser of 5% of the member’s Principal Sum payable or \$5,000 per year. This benefit will be payable up to four years, for each insured dependent who is enrolled (or enrolls within 365

30-Day Free Look
 When you become insured, you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your certificate, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

days of the accident) as a full-time student at an institution of higher learning (college, university, or trade school). In addition, if no insured spouse or child qualifies for this benefit following the covered loss of the member’s life, a lump sum benefit equal to \$1,000 will be payable.

Common Disaster Benefit: If an insured member and his or her insured spouse die as a result of an injury received in the same accident, the Principal Sum of the insured spouse is increased to equal the Principal Sum of the insured member up to a maximum combined benefit of \$500,000.

Beneficiary: The beneficiary is the person last designated by you in writing, and recorded as such by or on behalf of New York Life. Payments for losses other than for your loss of life will be made to you. The beneficiary for dependent(s) coverage is you, the member.

Effective Date

Note to Residents of MD and NC: Any reference to “performing normal activities of a person in good health of like age” is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application. You and your eligible dependents will become insured on the date specified by New York Life Insurance Company, provided the initial premium contribution has been paid and you and your approved dependents are actively performing the normal activities of a person in good health of like age on that date. Dependent insurance will not take effect unless your insurance is in effect on a premium paying basis, and any person who is not performing his/her normal activities as required will not become insured until the date he/she is performing such activities, provided such date is within three months of the date insurance would have been effective and the person is still eligible. (Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.)

When Coverage Ends: Your insurance remains in force unless you cease to be an APSIT society member, fail to pay premium contributions when due, the person enters full-time active duty in the Armed Forces, or the plan is terminated or modified by the policyholder or New York

**Current 2017 Monthly Premium Rates
 (per \$100 monthly benefit)**

MEMBER ONLY PLAN

\$0.004833

FAMILY PLAN

\$0.0075

The premium contributions shown reflect the current rates and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and on any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. For example, a class of insureds is all others with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee under Trust Agreement with the American Physical Society Insurance Trust.

An administrative fee of \$.50 will be added to your premium bill for all modes other than annually.

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Life Insurance Company to end insurance for the group of insureds to which you belong. Member/spouse coverage terminates at age 70 and child coverage terminates at age 19 (23 FTS). Dependent coverage will also terminate when member coverage terminates or when the dependent ceases to be a lawful spouse or eligible dependent child. A member's surviving spouse and children may continue coverage if it was in force at the time of the member's death as described in the Certificate of Insurance.

Certificate of Insurance: This brochure is only a brief description of the principal provisions and features of the APSIT Group Accidental Death & Dismemberment Insurance Plan. The complete terms including features, costs, eligibility, renewability, limitations, and exclusions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the APSIT Group Accidental Death & Dismemberment Insurance Plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the plan. In the event of any conflict or inconsistency between the information on this site and the information contained in the underlying plan documents, the plan documents will in all respects control and govern. If any provision is not explained or only partially explained, your rights will always be determined under the provisions of the underlying plan documents. Insurance coverage and availability may differ by state.

Exclusions and Limitations: No benefit will be payable for any loss that occurs during, or is due to or related to: incarceration or participation in an illegal occupation/activity or the commission of a crime; voluntary intake of drugs, narcotics, or alcohol (unless prescribed by a physician); any declared or undeclared war or act thereof; operating, riding

in, or descending from any aircraft except when riding as a passenger; or for any loss that is due or related to: a physical or mental sickness or medical/surgical treatment thereof, or suicide or intentionally self-inflicted injury while sane or insane.

How to Apply:

Before you request coverage, you must be a member in good standing with APSIT. To apply, visit **APSITinsurance.com**. You can apply online or you can download the application for the product you would like to apply for. You may fax your completed and signed application toll-free to 866.817.9009 or send it via mail to:

APSIT Group Insurance Program
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348
For residents of Puerto Rico, completed applications and premium payments should be sent to:

Global Insurance Agency
P.O. Box 9023918
San Juan, Puerto Rico, 00902-3918

In order to expedite claim payments, we request that you provide the following information for everyone you are requesting coverage on, as well as on any named beneficiary: full name, address, date of birth, social security number, and telephone number. Please call 800.272.1637 to complete this request. If you prefer, enclose a separate piece of paper with this information together with your application.

APSIT Group Accidental Death & Dismemberment Insurance Plan is underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under Group Policy No. G-29068-2 on Policy Forms GMR-FACE/G-29068-2. New York Life Insurance Company, a leading insurance company, is rated A++ by A.M. Best for financial strength (7/15/16).

This brochure is intended to describe only principal features of the APSIT Group Accidental Death & Dismemberment Insurance Plan and is not a contract.

Underwritten by:



New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

Brokered and Administered by:



Pearl Insurance
1200 E. Glen Ave.
Peoria Heights, IL 61616

*California Insurance
License #0F76076*

AR# 1322

Not intended for residents of New Mexico.

**IMPORTANT NOTICE:
How New York Life Obtains
Information and Underwrites Your
Request for Group Accidental Death
& Dismemberment 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. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. 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.

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.

New York Life Insurance Company 8/12 ed