

# GROUP DISABILITY INCOME INSURANCE



## What could possibly happen to keep me from working?

The word disability often triggers thoughts of broken bones, casts, and wheelchairs. However, these would not be enough to convince most people to stay at home rather than go to work. Total Disability is not limited to bodily injury. Here's the reality of disabilities that could keep you from returning to work, whether you want to or not:

The most common causes of long-term disability claims are musculoskeletal disorders, cancer, joint and soft tissue injuries, mental health issues, heart attack, or stroke.\*

\*"Disability Statistics; Chance of Becoming Disabled." Council for Disability Awareness: Prevention, Financial Planning, Resources and Information, 30 Sept. 2021. [disabilitycanhappen.org](http://disabilitycanhappen.org)

## How can the APSIT Group Disability Income Insurance work to help me?

Disability insurance is created specifically to help fill a need for the many people who become disabled at some time during their career. Many employer plans will only replace a portion of your salary and frequently pay for only a relatively short time.

Generally, Social Security doesn't allow you to collect benefits until the sixth full month after the date your disability began.<sup>1</sup> Disability Income Insurance may help keep you financially stable through tough times. It pays a monthly income, directly to you, when a Total Disability prevents you from returning to work.

The APSIT Group Disability Income Insurance, underwritten by New York Life Insurance Company, is designed to be reliable and helps protect you if you can't work, up to \$6,000 a month.<sup>2</sup> ("How does this insurance work?" for limitations.)

It can serve as primary income replacement insurance or act as a supplement to your Social Security benefits, other governmental benefits, employer benefits, and benefits from other group policies.

Members of the American Institute of Physics' Member and Affiliated Societies are eligible to purchase insurance through APSIT. Members who are in good standing, under age 60, residents of the United States (except VT and WA); Puerto Rico; or Canada (except Quebec), and at full-time work 30 hrs/week are eligible to apply for group disability income coverage, provided their gross annual earned income is at least \$20,000. (Student members not eligible unless working full-time.)

<sup>1</sup>"Disability Benefits | When Your Benefits Start." Social Security Administration. SSA.gov. June 2024.

<sup>2</sup>Call the Plan Administrator for provisions on self-employed, first-year business applications.



**Are there other features?**

Absolutely! Additional benefits for rehabilitation, residual disability, and organ donor benefits are available. For details on additional features, visit [APSITinsurance.com](https://apsitinsurance.com).

**How does this insurance work?**

If you are Totally Disabled before age 60, benefits are payable up to age 65. There is a five-year maximum benefit for Total Disabilities starting at ages 60 through 69 but not beyond age 72. In addition, the benefit period for mental disorders or chemical dependency is limited as noted in "Exclusions and Limitations."

**Step 1.** Choose a monthly benefit option. You have a wide range of monthly benefit options, from \$400 to \$6,000 (in \$100 units). The option you choose, together with any other Disability Income Insurance you may have, or for which you are applying cannot exceed 60% of your average monthly earned income. If you have been self-employed for less than one year, your monthly benefit amount is limited to \$1,050.

Average monthly income means the monthly average of your wages, salaries, commissions, fees, and other amounts received for personal services before deduction of income or social insurance taxes and after deduction of the normal business expenses

which are deductible for income tax purposes for the immediately preceding 12-month period. It does not include income from interest, dividends, rent, royalties, annuities, other insurance, or other unearned income.

**Step 2.** Choose a waiting period.

You also have a choice of two waiting periods before benefit payments begin: 60 or 90 days. A waiting period is the number of consecutive days you must be Totally Disabled by sickness or accident before benefits commence. You should choose one that will provide benefits when your employer-provided salary continuation insurance runs out. Coverage with a longer waiting period is less expensive.

**What is my insurance cost?**

**Monthly Premium Contributions:** The insurance cost is based on your attained age when coverage becomes effective and increases on the premium due date on or immediately after the date you reach a higher age bracket. The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life 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 a group of people 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.

Premium contributions will vary with the amount of benefits and waiting period selected.

Current 2024 Monthly Premium Rates (per \$100 monthly benefit)		
Member Age	60-DAY WAITING PERIOD	90-DAY WAITING PERIOD
< 30	\$0.5667	\$0.4667
30-39	\$0.9167	\$0.6417
40-49	\$1.4333	\$1.0250
50-59	\$2.3750	\$1.6917
60-70	\$3.6667	\$2.5000

Premium rates for Monthly Benefits or mode of payment not shown are exact multiples of the applicable premium rates shown.

**New York Life's Rights** New York Life can change prospectively any method used to compute the premium due under the policy, the premium rates and/or the tables on any:

1. Premium date. New York Life will mail or deliver a written notice to the policyholder 31 days before the date such change is to take effect; or
2. date New York Life's liability is changed by policy amendment, any governmental program, law, or regulation. An exercise of this right will not stop New York Life from exercising its right in 1. above.

Changes in the table(s) include but are not limited to the following: (a) applying the change to insurance in force before and/or after such change takes effect; and/or (b) adapting premium rates by class of insured.

New York Life may, out of the premium, pay a reasonable fee to the sponsor. This may be paid as consideration for: its endorsement of the this coverage, intellectual property rights, mailing lists of eligible members, and other matters related to development, administration, and promotion of sales among the membership.

## Details of Coverage

### Definition of Approved "Total Disability:"

Incapacity resulting from illness or injury while he or she is insured under the policy which completely and continuously prevents him or her from performing the material and substantial duties of your usual occupation, provided you are not engaged in any occupation for pay or profit, during the waiting period and for the next consecutive 24 months; thereafter any occupation for which you are may become qualified based on your education, training, or experience.

**Full-Time Work:** Means the active performance of the regular duties of your normal occupation for pay or profit on the basis of at least 30 hours per week at the place such duties are normally performed.

**When Coverage Ends:** Once coverage is validly in force, it may be carried to the premium due date on or immediately after you reach age 70, unless you: cease full-time work, other than for reasons of disability; cease to be an APSIT society member; fail to pay premium contributions when due; enter full-time active duty in the armed forces (coverage may be restored upon termination of Active Duty Status, subject to policy guidelines). Your coverage will also end if or the group policy is terminated or modified by the Trustee or New York Life Insurance Company to end insurance for the group of insureds to which you belong.

**Effective Date:** You will become insured on the date approved by New York Life Insurance Company, provided the first premium contribution has been paid, satisfactory evidence of insurability has been submitted, and you are at full-time work. If you are not at full-time work on the approval date, you will not become insured until you are at full-time work, provided such date is within three months of the date insurance would have been effective and you are still eligible. If any person proposed

## 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!

for insurance is not performing his/her normal activities as required, coverage will not become effective until 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 that there is any coverage in force before the effective date as specified by New York Life Insurance Company.

*NOTE: There are instances where the company may be able to offer insurance (at the same premium) by eliminating coverage for a specific impairment or disease.*

### Renewal Payments and Claims:

Once your application is approved, you will have a 31-day grace period for your payment of renewal premium contributions. To pay your premium online, visit [APSITinsurance.com](http://APSITinsurance.com).

### Important Information from New York Life Insurance Company:

New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your request form may be used as the basis for rescinding your insurance. The Group Disability Income Insurance is medically underwritten based on the information provided by you on the application. It is important that you complete the form truthfully and completely. Your request is subject to New York Life Insurance Company's approval, and more medical information may be requested. A physical exam, EKG, blood test, or other information may be required. If so, we will arrange for an independent professional paramedic to contact you to perform these simple tests at your convenience, free of charge.

### Exclusions and Limitations:

**Benefits are not payable for any disability that occurs during or is due or related to:**

1) intentionally self-inflicted injury while sane or insane (Missouri residents: the exclusion for intentionally self-inflicted injury is not applicable to injury caused by an attempted suicide while insane); 2) declared or undeclared war or any act thereof; 3) he or she committing or the attempting to commit, a felony or any type of assault or battery; resulting from the persons participation in a riot or insurrection; the insured individual engaging in (except as a victim) an illegal activity or occupation; 4) any impairment or limitation specifically excluded from your coverage; or 5) air travel, unless travelling solely as a fare-paying passenger on a licensed commercial flight; or 6) a Pre-Existing Condition, as defined below.

The insurance limits benefits for disabilities due to mental disorders to a maximum of 24 monthly payments.

No benefits will be paid unless the disability occurs while you are insured under the policy and you are under the care of a licensed physician or surgeon other than yourself (or member of your immediate family or household) during the period of disability.

Benefits will not be paid for a disability that is classified as or related to a Pre-Existing Condition for this term for up to two years following the effective date of coverage. A Pre-Existing Condition for this term is defined as an illness or injury, or any condition related to such illness or injury, for which a person consults a doctor, receives medical services or supplies, or takes any medication during the 12-month period immediately before



### How do I calculate my rate?

How to calculate the monthly cost for all options ranging from \$400 to \$6,000 in \$100 units: To find the monthly insurance cost for benefits in excess of \$100 (one unit) per month, multiply the cost shown at your age, for your choice of benefit, plan, and waiting period, by the number of \$100 units desired. For example: If you are age 35 and choose a 60-day waiting period and a \$700 monthly benefit (7 units), multiply \$.91 by 7 to get \$6.37. This is your cost.

the effective date of insurance. Any condition for which the insured has not received medical services during the 12-month period following the effective date of coverage is not considered a pre-existing condition.

### How to Apply:

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 to 866.817.9009 or send it via mail to:

**APSIT Group Insurance Program**  
PO BOX 3930, Peoria, IL 61612-3930

*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 Disability Income Insurance is underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under Group Policy No. G-29069-1 on Policy Forms GMR-FACE/G-29069-1. New York Life Insurance Company, a leading insurance company, is rated A++ by A.M. Best for financial strength (11/17/23).

Pearl Insurance solicits insurance on behalf of New York Life and receives compensation, which may vary depending on certain factors, based on the sale of insurance. For additional compensation information, please call Pearl Insurance at 800.272.1637.

### Underwritten by:



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

Under Group Policy G-29069-1  
On Policy Form GMR-FACE/G-29069-1

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### Brokered and administered by:



Pearl Insurance  
1200 E. Glen Ave.  
Peoria Heights, IL 61616-5348

*California Insurance*  
*License #0F76076*  
*AR License #1322*

*This brochure is only a brief description of some of the principal provisions and features of this coverage. The complete terms are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the American Physical Society.*

**IMPORTANT NOTICE:  
How New York Life Obtains Information and Underwrites  
Your Request for Disability Income 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 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, LLC, 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](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.

<sup>1</sup>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.

<sup>2</sup>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**

**7/15 ed**