

**INSURANCE  
EXCLUSIVELY  
for ABA Members**

# ABE-sponsored 50+ Multi-Benefit Term Life Insurance Plan

Underwritten by New York Life Insurance Company

## IMPORTANT FEATURES...

- Up to \$100,000 in pure life insurance protection
- Cash payment for terminal or chronic illness or permanent critical condition\*
- No medical exam required; only 5 health questions

### UP TO \$100,000 LIFE COVERAGE

The 50+ Multi-Benefit Term Life Plan offers you and your spouse/domestic partner quality term life protection.

### COVERAGE FOR YOU AND SPOUSE/DOMESTIC PARTNER (DP)

ABA members age 50-75 residing in the U.S. (excluding CT and UT), Puerto Rico, and the Virgin Islands are eligible to apply. Provided you are insured or applying for coverage under this plan, you may choose to apply for any spouse or domestic partner benefit amount from \$25,000 to \$100,000 in \$1,000 increments. Your spouse/DP must be between the ages of 45 and 75 and spouse/DP coverage cannot exceed 100% of your coverage. A Domestic Partner (DP) is defined as an eligible dependent. (The Group Policy provides the same benefits for parties to a Civil Union as are granted to a spouse/DP in marriage, for residents of any state that so mandates such similar benefits.) If both you and your spouse/DP are ABA members, you may both apply for member coverage, but if you do, neither of you may insure the other as a spouse/DP. If you die, your spouse/DP can continue coverage until the spouse/DP remarries or attains age 90, whichever comes first, premiums (based on the spouse/DP's age) are paid when due and the Group Plan remains in force. See also When Coverage Ends provisions on page 2.

### SIMPLIFIED ISSUE – NO MEDICAL EXAMS OR DOCTOR VISITS REQUIRED

This plan requires no medical exams, doctor visits or Attending Physician Statements (APS). Because it's "Simplified Issue" you only have to answer 5 health questions, and there is no "actively at work" requirement.

### EFFECTIVE DATE

Your 50+ Multi-Benefit Term Life Insurance will go into effect on the first day of the month after your application is approved by New York Life, provided you pay your initial premium within 31 days after being billed and the proposed covered person is performing the normal activities of a person of like age on the effective date. Coverage for your spouse/DP, if approved, goes into effect when the member's coverage does. If any person proposed for insurance is not performing the normal activities of a person of like age on the date insurance would have taken effect, that person's insurance will not take effect until the day such person is performing his/her normal activities as required, provided that the new effective date is within 3 months of the original date and the person is still eligible. Dependent coverage will not become effective prior to the effective date of the member's insurance.

*Note: Residents of NC: Any reference to "performing the normal activities of a person in good health" is replaced by the requirement that the health status of any proposed insured person remains the same as stated in your application.*

### WHEN COVERAGE ENDS

The plan doesn't terminate until age 90. Your only requirement to continue coverage are that you remain a member of the ABA and pay premiums when due and as long as the group policy is not terminated by ABE or the trustee of New York Life Insurance Company. Your spouse/DP's coverage ends when your coverage ends or when he/she is no longer your lawful married spouse/DP or when he/she reaches age 90. Upon your death, coverage for your spouse/DP may continue as described in the Certificate of Insurance.

\* See page 2 for details.



Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 under Group Policy G-2766-4 on Policy Form GMR-FACE/G-2766-4.

THIS BROCHURE IS A SUMMARY of the principal provisions of this group insurance plan sponsored by the American Bar Endowment for its members. IT IS NOT TO BE CONSIDERED A CONTRACT OF INSURANCE. The complete terms of the plans are set forth in the Group Policy G-2766-4 on Policy Form GMR-FACE/G-2766-4 issued by New York Life Insurance Company. This is a group insurance plan, meaning coverage is issued under a Certificate of Insurance; coverage is not provided under an individual policy, nor is it employer/employee insurance.

Bonnie Czarny (ABE), is licensed in AR, Ins. Lic. #404091 and in CA, Insurance License #0H99426.



**AMERICAN BAR  
ENDOWMENT**

*More than 75 years of service*

321 N Clark St., Ste. 1400  
Chicago, IL 60654-7648

800-621-8981

Solo/Small Firm Help Line:

877-621-7676

[abendowment.org](http://abendowment.org)

## RENEWABLE ANNUALLY AT GROUP RATES — NO DECREASE IN BENEFITS

As long as you continue as a member of the ABA, you will be able to renew the coverage on an annual basis, and enjoy member group rates based on your age. Your benefits will stay level – no reductions. As you can see in the rate chart on page 4, the cost of this insurance is affordable. Thanks to your ABA membership, you have access to this kind of coverage at members-only group rates.

## CONVERSION PROVISION

If you should drop your ABA membership, or your coverage terminates involuntarily, you have the right to convert your 50+ Multi-Benefit Term Life Insurance Plans to an individual policy — regardless of your health. Your Certificate of Insurance explains this privilege in detail. The right to convert does not apply if coverage terminates due to non-payment of premium.

### YOU'RE COVERED BY A FULL 30-DAY, FREE REVIEW

This plan is backed by a full 30-day, unconditional, free review. Once your application is approved, you will receive your Certificate of Insurance. If for any reason you are not fully satisfied, simply return it without claim within 30 days. Your premium will be returned promptly and you will be under no further obligation.

## IT'S EASY TO APPLY

1. As long as you are an ABA lawyer member ages 50-75 who resides in the U.S. District of Columbia, Puerto Rico, or the U.S. Virgin Islands, you are eligible to apply. You may also get coverage for your spouse/ domestic partner. Simply complete the entire application and send it to: American Bar Endowment  
321 N. Clark St., Ste. 1400, Chicago, IL 60654-7648  
Or visit [abendowment.org](http://abendowment.org) to apply online.
2. Send no money now. We will notify you of your effective date and premium contribution level with your billing notice.
3. Residents of Puerto Rico: Please send your application to:  
Global Insurance Agency, Inc.,  
P.O. Box 9023918, San Juan, Puerto Rico 00902-3918.

## “LIVING” BENEFITS FOR TERMINAL, CHRONIC OR CRITICAL ILLNESS

The 50+ Multi-Benefit Term Life Plan was designed specifically for people at your stage of life. That's why it includes “living benefits” to help financially should you experience a Terminal Illness<sup>1</sup>, Chronic Illness<sup>2</sup>, or a Permanent Critical Condition<sup>3</sup>. Any of these “Accelerated Benefits”<sup>4</sup> that you receive will be deducted from your total Death Benefit, which will still be paid to your beneficiary. *Note: the eligibility age for the Accelerated Benefits is under age 80.*

Here is an example of how the accelerated benefits would work if you were less than 80 years old.

| Description (Qualifying events) <sup>4</sup>                              | \$50,000 Benefit | \$100,000 Benefit | % of Insurance |
|---|------------------|-------------------|----------------|
| Death   | \$50,000         | \$100,000         | 100%           |
| Terminal Illness <sup>1</sup>   | \$25,000         | \$50,000          | 50%            |
| Chronic Illness <sup>2</sup> or Permanent Critical Condition <sup>3</sup> | \$12,500         | \$25,000          | 25%            |

<sup>1</sup> Terminal Illness — a condition for which the patient has a life expectancy of 24 months or less.

<sup>2</sup> Chronic Illness — the permanent inability to perform 2 of 6 Activities of Daily Living including bathing; dressing; toileting; transferring (the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane, walker, crutches, grab bars; or other support devices); eating; continence for a period of at least 180 days.

<sup>3</sup> Permanent Critical Condition — conditions can vary but requirements include (a) is certified by a licensed health care practitioner as having a severe cognitive impairment; (b) is required to be continuously confined in a convalescent care facility, hospice, nursing home or at home; (c) requires substantial supervision from threats to health and safety due to severe cognitive impairment and (d) is required to be under care of a licensed healthcare professional.

<sup>4</sup> A maximum acceleration of 75% is available. An example would be the occurrence of a qualifying event such as a Chronic Illness or Permanent Critical Condition (25%) followed by a Terminal Illness acceleration (50%). However, no more than 75% of the Face Amount may be payable on an accelerated basis. The remaining face amount is paid upon the death of the insured. Availability of accelerations for Terminal Illness, Chronic Illness or Permanent Critical Illness ceases at age 80. If the death benefit is reduced by a payment of an accelerated benefit; premiums due are based on the reduced level of death benefits.

*Please note that receipt of accelerated benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor.*

**IMPORTANT NOTICE:  
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 or 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.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Endowment 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 ABE, other insurance companies to which you may apply for 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 ABE 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 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 (TTY 866-346-3642). 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 Endowment 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.

**HOW YOUR ASSIGNMENT OF DIVIDENDS WORKS  
YOUR PLAN'S UNIQUE CHARITABLE GIVING FEATURE**

Founded by the ABA in 1942, the American Bar Endowment (ABE) is a §501(c) (3) not-for-profit organization composed of members of the American Bar Association. **ABE fulfills its charitable purpose of improving the administration of justice, one of our profession's highest obligations, by making annual grants to support legal research, public service and educational projects in the field of law, including those conducted by ABA's Fund for Justice and Education (FJE) and the American Bar Foundation (ABF).** ABE also maintains the Legal Legacy Fund for the permanent support of its grantees. By participating in ABE's group insurance programs, designed for and available only to ABA members, members can contribute to these efforts. **Members who enroll in ABE-sponsored insurance programs agree that their share of any dividends payable on the group policies may be retained by ABE for its charitable purposes unless reclaimed as outlined below. Donations of dividends to ABE are tax-deductible to such members to the fullest extent permitted by law as contributions under Section 170(c) of the Internal Revenue Code.**

**Members who donate dividends to ABE make a difference.** These funds, after administrative expenses, are the primary source of ABE's charitable grants and additions to the Legal Legacy Fund. Insured members who donate their dividends help meet their professional and public responsibilities, as well as obtaining valuable coverage for their families. About 85% of members donate their dividends; these members are notified each year by late January of the amount, if any, of their dividend donation for the prior year. (Dividends are not guaranteed, and in any given year, a given plan may not pay a dividend; dividends will vary from year to year.)

**Members who wish to request a refund of their dividends may do so.** The approximate percentage of premium available for refund (if any) on each plan will be published in each **November issue of the ABA Journal**. You do not need to wait for this information as refund requests are accepted beginning January 1. **To request that dividends be paid to you rather than donated to ABE:** After the first policy year of your participation, a written request for refund (by mail or email to [dividends@abendowment.org](mailto:dividends@abendowment.org)) **must be made each year and must reach ABE by December 15.** When ABE receives your refund request, it will send a confirmation. Retain this for your records as proof your request was timely received. If you do not receive a confirmation within 3 weeks, contact the ABE promptly to obtain another copy. (**Special instructions for new applicants** are contained in the application and apply to dividends, if any, during the first policy year only.)

Dividend checks and/or contribution notices for your tax return are mailed by late January. If you receive a contribution notice and you did not intend to make a contribution, you may request a *one-time* waiver of the December 15 deadline by asking for a refund, if you have not previously requested such a waiver.

**Please note:** Members who do not want to contribute dividends to ABE must make a written request for refund each year, using the procedures above. When members sign the application, they are agreeing to make an **annual decision** whether to contribute. **Do not sign the application if you do not agree with these procedures.**

**SCHEDULE OF BENEFITS**  
**Quarterly Premium Schedule Per \$1,000 Unit**  
**Current as of 2019**

**Contact ABE at (800) 621-8981 or visit [abendowment.org](http://abendowment.org) for all rates under this plan.**  
**MONTANA RESIDENTS: "Male" rates apply to all individuals regardless of sex.**

| Benefit: \$25,000 to \$99,000 |           |        |           |        |
|-------------------------------|-----------|--------|-----------|--------|
|                               | Male      |        | Female    |        |
| Age                           | Nonsmoker | Smoker | Nonsmoker | Smoker |
| 45-49*                        | \$1.77    | \$2.96 | \$1.00    | \$1.67 |
| 50-54                         | 2.19      | 3.66   | 1.27      | 2.13   |
| 55-59                         | 3.11      | 5.16   | 1.94      | 3.24   |
| 60-64                         | 4.37      | 7.30   | 2.93      | 4.89   |
| 65-69                         | 5.65      | 9.44   | 4.04      | 6.74   |
| 70-74                         | 8.48      | 14.16  | 6.33      | 10.57  |
| 75                            | 16.12     | 26.91  | 12.41     | 20.72  |
| 76-79**                       | 16.12     | 26.91  | 12.41     | 20.72  |
| 80-84**                       | 26.04     | 44.43  | 19.53     | 34.10  |
| 85-89**                       | 47.64     | 81.33  | 36.34     | 63.48  |

| Benefit: \$100,000 |           |        |           |        |
|--------------------|-----------|--------|-----------|--------|
|                    | Male      |        | Female    |        |
| Age                | Nonsmoker | Smoker | Nonsmoker | Smoker |
| 45-49*             | \$1.50    | \$2.52 | \$0.85    | \$1.42 |
| 50-54              | 1.86      | 3.11   | 1.08      | 1.81   |
| 55-59              | 2.64      | 4.41   | 1.65      | 2.75   |
| 60-64              | 3.72      | 6.20   | 2.49      | 4.15   |
| 65-69              | 4.80      | 8.02   | 3.44      | 5.73   |
| 70-74              | 7.21      | 12.04  | 5.38      | 8.98   |
| 75                 | 13.70     | 22.88  | 10.55     | 17.61  |
| 76-79**            | 13.70     | 22.88  | 10.55     | 17.64  |
| 80-84**            | 22.13     | 37.77  | 16.60     | 28.98  |
| 85-89**            | 40.50     | 69.13  | 30.89     | 53.96  |

\* Only spouses/DPs are eligible at these ages. Member must be insured to insure spouse/DP. Spouse/DP amount cannot exceed member coverage.

\*\* For renewal purposes only.

Premiums may vary due to rounding when billed.

The rates shown are the current rates and benefit structure. The cost of this ABE-sponsored life insurance is based upon the member's and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, and attained age on the effective date. Premiums reduce to the level of the remaining benefit after an Accelerated Benefit is paid, but change on the June 1st on or next following a change in age, as shown.

Benefit options are not guaranteed and are subject to change by agreement between New York Life and ABE. Coverage terminates on the June 1 Group Policy anniversary on or next following the member's 90th birthday. See When Coverage Ends.

*When comparing rates, please keep in mind that although not promised or guaranteed, this plan is designed to generate dividends that an insured is asked to donate to fund ABE's charitable mission, or members may annually request that dividends be refunded to them. We ask that you donate these dividends to ABE. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. (See "Assignment of Dividends" on page 3 for further details.)*

**This is a life insurance benefit that also gives you the option to accelerate some of the death benefit in the event that you are certified with a critical illness or permanent critical condition as described in the certificate.**

*IMPORTANT NOTICE: This coverage is not intended to be a federally tax-qualified long-term care insurance contract under Internal Revenue Code (IRC) Section 7702B. Therefore, the premiums payable do not qualify as long-term care insurance premiums and are not deductible from gross income for federal income tax purposes. A Critical Illness or Permanent Critical Condition acceleration is subject to the federal per diem limits set forth in IRC Section 7702B. Under this acceleration, New York Life will not pay claimants more than the federal per diem limits. Assuming the amount you receive in the aggregate from all applicable policies does not exceed the federal per diem limits set forth in IRC Section 7702B, the benefits provided by the Critical Illness or Permanent Critical condition acceleration are intended to be excludable from federal gross income under Section 101 (g) of the IRC.*

*Receipt of an accelerated death benefit may affect eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences. Accelerating benefits before applying for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Clients can contact the appropriate social service agency (e.g., the Medicaid Unit of your local Department of Public Welfare or the Social Security Administration Office) for more information.*