

**INSURANCE
EXCLUSIVELY
for ABA Members**

ABE-Sponsored 10-Year Level Term Life Insurance Plan

Underwritten by New York Life Insurance Company

COVERAGE FOR YOU

As long as you are an ABA member, you may choose any benefit amount from \$100,000 to \$2,000,000 in \$10,000 increments. If you are under age 65 and reside in the United States, District of Columbia, Puerto Rico, or the U.S. Virgin Islands, you may apply for coverage. The total amount of coverage under all ABE Term Life Insurance Plans may not exceed \$2,000,000.

NEW QUICKDECISIONSM

A secure, fast and easy way to apply online at abendowment.org for Group 10 year Level Term Life coverage. With this new tool, you can apply² for amounts up to \$500,000: No medical exam or lab work required—just answer some health questions and other information. Find out as soon as TODAY if you are approved for 10 year Level Term Life Insurance coverage up to \$500,000! Everything is handled conveniently and securely online.

COVERAGE FOR YOUR FAMILY

Provided you are insured or applying for coverage under this plan, you may choose to apply for any spouse/DP benefit amount from \$100,000 to \$2,000,000 in \$10,000 increments (minimum of \$100,000). Spouse/DP must be less than age 65 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.) You can also insure all unmarried, dependent children from 14 days through 25 years for up to \$25,000, in \$5,000 increments; a child may not be insured under more than one plan under all group life insurance policies issued by New York Life Insurance Company to the American Bar Endowment. (If both you and your spouse/DP are ABA members you may both apply for separate member

¹ May not be available in all states.

² **IMPORTANT NOTE:** If you are not approved for coverage under the QuickDecisionSM tool you can still obtain coverage through the online process, which may require medical exams and other information.

QuickDecisionSM is not available to residents of MT and VA. These residents can still apply online and will be contacted for required information.



Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

THIS BROCHURE IS A SUMMARY of the principal provisions of this group insurance plan sponsored by 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-29104-0 on Policy Form GMR-FACE/G-29104-0 (10-Year) 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 CA Insurance License #0H99426.

IMPORTANT FEATURES...

- QuickDecisionSM underwriting is available¹ if you apply online on amounts up to \$500,000!
- Up to \$2,000,000 in pure life insurance protection
- Improved coverage: including a Waiver of Premium option
- Conversion privilege regardless of changes in health

coverage, but if you apply separately you may not also insure each other as a spouse/DP on your coverage. Only one certificate can carry dependent children.) If you die, your spouse/DP and dependent children can continue coverage until the spouse/DP remarries or attains age 75, whichever comes first, or the child turns age 26. See "When Insurance Ends" on page 2.

WAIVER OF PREMIUM

This affordable option (available to members and spouses/DPs under 55) will help safeguard your coverage against loss of income due to a total disability by waiving premiums. (See "Exclusions and Limitations" on page 2.) With this feature if you or your spouse/DP (if insured for this option) become totally disabled before age 60, provide proof of total disability and remain so disabled for 180 days or longer, insurance on the disabled person will be continued without additional premium contributions until coverage terminates at age 75, as long as they remain totally disabled. You may be asked to provide evidence of continued total disability from time to time.

ECONOMICAL GROUP RATES FOR 10 YEARS

ABE-sponsored 10-Year Level Term Life Insurance Plans offer life insurance protection with premiums for coverage over \$500,000, that are guaranteed for an initial 10-year period. Premiums for coverage \$100,000 through \$500,000 are not guaranteed, but are expected to remain level for 10 years. Coverage never reduces due to age. Coverage terminates at age 75. You have two renewal options after the 10-year term ends: 1) After the initial term, coverage will automatically renew on a non-guaranteed basis without evidence of insurability until coverage ends at age 75. 2) You also have the option of applying for a new 10 year period if you are under age 65 and meet all eligibility criteria. Submission of satisfactory evidence of insurability will be required. Rates will be based on your attained age, health and smoking status.

ABE
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

ACCELERATED DEATH BENEFIT (LIVING BENEFIT)

To help your family cope with the financial hardship of a terminal illness, you can apply to receive 50% of the insured's total life insurance in force if diagnosed by a physician as terminally ill with a life expectancy of 24 months or less. The request must be made at least 12 months prior to the scheduled termination age, and the amount of insurance payable after the insured's death will be reduced by this payment. This benefit can be paid only once, and will reduce the insured's life insurance by such amount. Premiums are not reduced. (Receipt of these benefits may affect eligibility for public assistance programs and may be taxable. Before applying for these benefits, consult with the appropriate social service agency and a qualified tax advisor.)

VOLUME DISCOUNTS AVAILABLE

To make coverage even more affordable at higher benefit levels, increasing volume discounts apply to coverages of \$100,000 to \$240,000, \$250,000 to \$500,000, \$510,000 to \$990,000 and \$1,000,000 and over. Premiums will vary with the amount of benefits.

WHEN INSURANCE ENDS

You can't be singled out for cancellation. As long as you maintain your membership in the American Bar Association, make the required premium payments when due, and the 10-Year Level Term Life Insurance plan is not terminated by New York Life or ABE, you may continue your ABE 10-Year Level Term Life Insurance Coverage until the May 31st on or next following your 75th birthday. Coverage for your dependents ceases upon the earliest of: termination of your coverage, or when your spouse/DP is no longer your lawful spouse/DP, your child marries or becomes an ABA member, or turns age 26.

CONVERSION PROVISION

If you should drop your ABA membership, or your coverage terminates involuntarily, you have the right to convert your *10-Year Level 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.

EFFECTIVE DATE

Your 10-Year Level 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 in good health of like age on the effective date. Coverage for your dependents, 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.

IT'S EASY TO APPLY

1. As long as you are an ABA lawyer member up to age 65 who resides in the U.S., District of Columbia, Puerto Rico or the U.S. Virgin Islands, you may apply for coverage for yourself, a spouse/domestic partner up to age 65, and unmarried children up to age 26. 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 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.

30 DAY FREE LOOK

These plans are backed by a full 30-day free review. Once your application is approved, you will receive your Certificate of Insurance. If for any reason after you receive it, you are not fully satisfied, simply write "cancel" and return it within 30 days without claim. Your premium will be returned promptly and you will be under no further obligation. This is just one more reason you can count on ABE for such an important purchase.

EXCLUSIONS AND LIMITATIONS:

After two years from the effective date, your coverage is incontestable, except for provisions related to eligibility and nonpayment of premium contributions. Incontestability terms for your new certificate for a subsequent term of guaranteed rates are activated on the effective date of the new term of guaranteed rates. Benefits are payable for death from any cause except suicide during the first two years of the policy.

Under the Waiver of Premium option, premiums are not waived if disability is the result of attempted suicide or self-inflicted injury.

**IMPORTANT NOTICE:
HOW NEW YORK LIFE OBTAINS INFORMATION AND UNDERWRITES
YOUR REQUEST FOR GROUP 10 YEAR
LEVEL 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.

*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 Endowment 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.

**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) **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.**

**10-YEAR LEVEL TERM LIFE INSURANCE PLAN
SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS
Quarterly PREFERRED* Premium Schedule Per \$10,000 Unit
Current as of 2019**

Contact ABE or visit abendowment.org for all rates under this plan.

10-Year Level Term Life

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$500,000		\$510,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
35 and Under	\$2.10	\$1.90	\$1.40	\$1.23	\$1.03	\$0.88	\$0.98	\$0.83
36	2.13	1.93	1.43	1.25	1.05	0.90	1.00	0.85
37	2.20	2.05	1.48	1.30	1.10	0.98	1.05	0.93
38	2.33	2.13	1.55	1.43	1.15	1.05	1.10	1.00
39	2.45	2.23	1.63	1.55	1.20	1.15	1.15	1.10
40	2.55	2.35	1.75	1.65	1.30	1.23	1.25	1.18
41	2.68	2.50	1.85	1.80	1.43	1.35	1.38	1.30
42	2.88	2.65	2.10	1.95	1.60	1.48	1.55	1.43
43	3.05	2.88	2.33	2.13	1.78	1.63	1.73	1.58
44	3.23	3.05	2.53	2.33	1.95	1.78	1.90	1.73
45	3.55	3.20	2.80	2.50	2.15	1.93	2.08	1.88
46	3.85	3.43	3.05	2.68	2.38	2.08	2.33	2.03
47	4.18	3.58	3.33	2.83	2.58	2.20	2.50	2.15
48	4.48	3.75	3.58	3.03	2.78	2.33	2.70	2.25
49	4.90	3.98	3.90	3.20	3.05	2.48	2.98	2.40
50	5.35	4.20	4.28	3.43	3.35	2.68	3.28	2.63
51	5.80	4.48	4.73	3.70	3.70	2.88	3.63	2.80
52	6.23	4.83	5.25	4.03	4.13	3.15	4.05	3.08
53	6.70	5.15	5.80	4.33	4.58	3.40	4.50	3.33
54	7.33	5.53	6.40	4.73	5.08	3.70	5.00	3.63
55	7.90	5.88	7.08	5.10	5.60	4.00	5.50	3.93
56	8.60	6.23	7.75	5.43	6.15	4.28	6.05	4.20
57	9.28	6.60	8.45	5.73	6.70	4.55	6.60	4.48
58	10.13	6.93	9.25	6.13	7.38	4.83	7.28	4.73
59	11.08	7.38	10.18	6.55	8.10	5.20	7.98	5.13
60	12.18	7.93	11.25	7.10	8.98	5.65	8.85	5.58
61	13.43	8.65	12.50	7.85	9.98	6.23	9.85	6.13
62	14.75	9.48	13.95	8.70	11.15	6.93	11.03	6.83
63	16.35	10.45	15.53	9.70	12.43	7.73	12.28	7.63
64	18.20	11.53	17.33	10.73	13.88	8.55	13.73	8.43

When comparing rates, please keep in mind that although not promised or guaranteed, this plan is designed to generate dividends that an insured may donate to support ABE's charitable grants. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. Please see "Assignment of Dividends" on page 3 for further details.

The rates shown are the rates New York Life currently charges and reflect the current benefit structure. The cost of this life insurance is based upon the member and spouse/DP's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date the application is postmarked.

* Only non-smokers meeting the highest underwriting standards may qualify for the Preferred Rates. Other non-smokers may qualify for the Select rates, higher but still competitive. Approved smokers would qualify for the Standard rates only. Preferred rates are shown here. Contact ABE for Select or Standard rates or visit: abendowment.org. Upon approval of your application, you will be notified of the rate classification for each approved person. Premium rates will vary depending on the option chosen.

10-Year Level Term Life with Waiver of Premium

Age as of Application Postmark	\$100,000 to \$240,000		\$250,000 to \$500,000		\$510,000 to \$990,000		\$1,000,000 to \$2,000,000	
	M	F	M	F	M	F	M	F
20 and Under	\$2.30	\$ 2.15	\$1.60	\$1.48	\$1.23	\$1.13	\$1.18	\$1.08
21 - 24	2.30	2.18	1.60	1.50	1.23	1.15	1.18	1.10
25 - 30	2.35	2.20	1.65	1.53	1.28	1.18	1.23	1.13
31	2.35	2.20	1.65	1.53	1.28	1.18	1.23	1.13
32	2.35	2.23	1.65	1.55	1.28	1.20	1.23	1.15
33	2.38	2.23	1.68	1.55	1.30	1.20	1.25	1.15
34	2.38	2.25	1.68	1.58	1.30	1.23	1.25	1.18
35	2.40	2.30	1.70	1.63	1.33	1.28	1.28	1.23
36	2.43	2.35	1.73	1.68	1.35	1.33	1.30	1.28
37	2.53	2.50	1.80	1.75	1.43	1.43	1.38	1.38
38	2.68	2.60	1.90	1.90	1.50	1.53	1.45	1.48
39	2.85	2.73	2.03	2.05	1.60	1.65	1.55	1.60
40	2.98	2.90	2.18	2.20	1.73	1.78	1.68	1.73
41	3.13	3.10	2.30	2.40	1.88	1.95	1.83	1.90
42	3.35	3.28	2.58	2.58	2.08	2.10	2.03	2.05
43	3.60	3.53	2.88	2.78	2.33	2.28	2.28	2.23
44	3.83	3.78	3.13	3.05	2.55	2.50	2.50	2.45
45	4.20	4.00	3.45	3.30	2.80	2.73	2.73	2.68
46	4.63	4.33	3.83	3.58	3.15	2.98	3.10	2.93
47	5.08	4.60	4.23	3.85	3.48	3.23	3.40	3.18
48	5.53	4.90	4.63	4.18	3.83	3.48	3.75	3.40
49	6.15	5.30	5.15	4.53	4.30	3.80	4.23	3.73
50	6.83	5.60	5.75	4.83	4.83	4.08	4.75	4.03
51	7.38	5.90	6.30	5.13	5.28	4.30	5.20	4.23
52	7.93	6.30	6.95	5.50	5.83	4.63	5.75	4.55
53	8.50	6.65	7.60	5.83	6.38	4.90	6.30	4.83
54	9.25	7.08	8.33	6.28	7.00	5.25	6.93	5.18

Child's Schedule of Benefits and Quarterly Premium:

Child	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50

Each quarterly premium covers all eligible dependent children regardless of number.

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

Premiums for coverage over \$500,000 are guaranteed to remain level for the first 10 years of coverage. Premiums for coverage through \$500,000 are not guaranteed but are expected to remain level. Please see "Economical Group Rate..." on page 1 for options at the completion of the 10 year period.

Coverage terminates on the policy anniversary on or next following the insured's 75th birthday.

Premiums may vary due to rounding when billed.