

**INSURANCE
EXCLUSIVELY**
for Bar Association Members¹

LONG-TERM DISABILITY PLUS

ABE-Sponsored Long-Term Disability Plus Insurance

YOU'LL ENJOY WORTHWHILE BENEFITS— COMMENSURATE WITH YOUR PROFESSION

A disability could potentially destroy your way of life. It can take away many things you've achieved through your profession—all the things you've enjoyed at your income level. The ABE Long-Term Disability Plus Insurance can insure you and your family against such a loss. Since your income is the basis of your lifestyle, protect it with this coverage.

MEMBERS CAN INSURE INCOME UP THROUGH \$12,000/MONTH

Bar Association Members¹ residing in the U.S. (excluding NH, NV) and Puerto Rico, under age 65, who are actively working full-time, can apply for up through \$12,000 a month in disability income benefits, depending on current income. Benefits are available in \$100 increments, with a 60, 90, 180 or 365-day waiting period. Total disability benefits (including any other disability coverage you may have) may not exceed the lesser of \$20,000 or 66 2/3% of your basic monthly pay for benefit amounts through \$7,500 (60% for monthly benefits over \$7,500).

QUICKDECISIONSM

This is a secure, fast and easy way to apply online at <https://www.coveragedetails.net/abe/di/> for Group Long Term Disability Plus coverage. With this tool, if you are under age 50 you can apply for amounts up through \$7,500: No medical exam or lab work is required—just answer some health questions and other information. This tool is not available for Spouses and Domestic Partners. Find out as soon as TODAY if you are approved for Long Term Disability Plus Insurance coverage up through \$7,500! Everything is handled conveniently online.

IMPORTANT FEATURES:

- Up through \$12,000 Monthly Benefits for You
- Spouse/Domestic Partner Coverage up through \$5,000/Month
- Important "Own Specialty" Protection to Age 65
- **PLUS!** Automatic Presumptive Disability Benefit
- **PLUS!** Automatic Caregiver Benefit
- **PLUS!** Law School Loan Repayment Option
- **PLUS!** Catastrophic Disability Option
- **PLUS!** Cost-of-Living Adjustment Option
- Choose Your Waiting Period, Choose Your Cost

SPOUSE/DOMESTIC PARTNER COVERAGE UP THROUGH \$5,000/MONTH

Your Spouse/Domestic Partner (DP), under age 65, who is actively working full-time, may apply for up through \$5,000 a month of monthly disability income benefits, in increments of \$100. The limitation stated above also applies to your Spouse/DP. Members must be insured to insure their Spouse/DPs. Spouse/DP's coverage is limited to nine times the Member's monthly benefit. If both you and your Spouse/DP are Bar Association Members¹ you may both apply for separate Member coverage, but if you apply separately you may not also insure each other as a Spouse/DP on your coverage. Spouse/DPs also have a choice of waiting periods: 90, 180, or 360 days. See additional insert for Spouse/DP rates.

DEFINITION OF DISABILITY

Benefits are paid directly to you for disabilities due to a covered sickness or injury. Benefits begin on the day after the chosen waiting period of 60, 90, 180, or 365 days for Members and 90, 180, or 365 days for Spouse/DPs. Full benefits are payable up to age 65 if you are completely unable to perform the material duties of your regular occupation (including your particular specialty of law, if applicable) and are under the regular care of a physician. (Specialty of law provision is not applicable to Spouse/DP coverage.) Benefits will be paid up to age 65 for total disabilities beginning prior to age 63 (except for total disabilities due to mental disorder, which limits benefits to two years or 12 months for such disabilities occurring after age 69). If the disability begins on or after your 63rd birthday, but before your 70th, benefits are payable for up to two years if the disability continues for that period. If the disability begins on or after your 70th but before your 75th birthday, benefits will be payable for up to 12 months if the disability continues for that period.

¹ The terms "Bar Association Member" and "Member" when used herein mean a practicing lawyer who is a member of the American Bar Association (ABA) or any entity that is represented in the ABA's House of Delegates, including state and many local and specialty bar associations. A list of all such entities is available at <https://abendowment.org/resources>.



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 sponsored by the American Bar Endowment for its members. IT IS NOT TO BE CONSIDERED A CONTRACT OF INSURANCE. The complete terms of the policies are set forth in the Group Policy G-29900-0 on Policy Form GMR-FACE/G-29900-0 issued by New York Life Insurance Company to the American Bar Endowment. This is group insurance, meaning coverage is issued to a Bar Association Member¹ under a Certificate of Insurance; it is not provided under an individual policy, nor is it employer/ employee insurance.

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WHEN YOUR INSURANCE BECOMES EFFECTIVE

Once your application is approved and your first premium received, with no change in your health or insurability, your coverage becomes effective on the first day of the following month, providing you are actively working full-time.

“SPECIALITY OF LAW” COVERAGE

Unlike many other disability policies available today, this ABE-sponsored Long-Term Disability Plus Insurance specifies that when you are totally disabled and completely unable to perform the material duties of your regular occupation, **including your specific law specialty**, you may receive full benefits for a disabling sickness or injury up to age 65 (except for disabilities due to mental disorder for which benefits are limited to two years or 12 months for disabilities occurring after age 69). Even if you are able to perform the duties of another occupation or specialty, you can still collect benefits. Specialty of law provision is not applicable to Spouse/DP coverage.

PRESUMPTIVE DISABILITY

This coverage automatically includes this benefit, by which you will be presumed totally disabled if injury or sickness results in total and irrecoverable loss of: speech; entire hearing in both ears; sight in both eyes; or the use of both hands, or both feet, or of one hand and one foot. You do not have to satisfy the waiting period to receive benefits, and you will automatically receive benefits whether or not you are able to work at any occupation or require regular physician care.

CATASTROPHIC DISABILITY BENEFIT OPTION

This optional benefit will pay an additional 25% of your selected monthly benefit if you become “Catastrophically Disabled,” meaning that you have lost the ability to safely and completely perform two or more Activities of Daily Living without stand-by help; or are cognitively impaired and need another person’s assistance or verbal cueing for your protection or for the protection of others; or you have a Terminal Illness. This benefit is payable in addition to any other benefit payable, including the additional benefit for hospitalization.

Benefits will cease when the covered disability ends. See certificate for details.

CAREGIVER BENEFIT

At no added cost, this feature provides up to one month of benefits to care for a close family member with a Serious Health Condition. The Health Condition must be certified by the family member’s licensed attending physician. One benefit per close family member and a maximum of two benefits within any 5-year period are permitted.

LAW SCHOOL LOAN PAYMENT BENEFIT OPTION

This add-on benefit (available to Members under age 40 who are practicing in at least one state) will pay up to \$200,000 to a qualified financial lending institution on your behalf for eligible law school student loan debt, if you become permanently, totally disabled prior to age 45. The benefit will cease when you are no longer receiving a monthly benefit.

COST OF LIVING ADJUSTMENT (COLA) OPTION

If you become totally disabled, the COLA benefit will help your benefits keep pace with inflation by increasing your chosen monthly benefit by 3% per year for up to five years (e.g., with a \$3,000 monthly benefit, \$90 would be added each year to your monthly benefit for a total benefit of \$3,450 after the fifth increase). The first 3% increase would occur at the end of your first, full, continuous year receiving total disability benefits, and then annually for up to four years thereafter. The COLA benefit will cease when you are no longer totally disabled, or you reach age 70, whichever comes first.

YOU CAN CHOOSE THE WAITING PERIOD TO SAVE PREMIUM

ABE-sponsored Long-Term Disability Plus allows you to choose the length of time between the beginning of total disability and the date of the first benefit payment; this is known as the waiting period. Waiting period options for Members are 60, 90, 180, or 365 days. For Spouse/DP coverage, 90, 180, or 365 day waiting periods are available. The waiting period begins on the first day of total disability occurring after the effective date. Benefits accrue the day after the chosen waiting period has been satisfied. The length of the waiting period has a significant effect on the cost of coverage – the longer the waiting period, the lower the premium.

PARTIAL DISABILITY BENEFITS.

If you are no longer totally disabled, and are able to return to work on a part-time basis, you will be paid partial disability as follows:

% of Pre-Disability Earnings	% of Monthly Disability Benefits Paid
1-10%	100%
11-50%	50%
51-70%	25%
71% and over	0%

Note: Amounts which do not fall within the percentages stated above for pre-disability earnings will be rounded to the nearest percentage.

The partial disability must begin within 31 days after a total disability from which you received benefits. The benefits will continue for up to 24 months providing the partial disability is the direct result of an injury or illness that caused the total disability. Partial disability benefits are counted toward any maximum benefit period.

WAIVER OF PREMIUM

Premiums that come due while an Insured is disabled and collecting monthly disability benefits will be waived.

ADDED HOSPITAL BENEFITS

When hospitalized while receiving benefits for total disability, you collect an additional 50% of your monthly benefit for up to three full months for each covered sickness or injury, excluding the following: facilities which primarily provide custodial, educational or rehabilitative care.

YOUR BENEFITS ARE TAX FREE

Under current federal income tax laws, disability income benefits are usually non-taxable if you personally pay the premiums. Be sure to contact your tax advisor.

YOUR RIGHT TO RENEW

Your coverage is renewable as long as you stay employed full-time, are under age 75, the group policy stays in effect, you remain a Bar Association Member (as defined on page 1), and premiums are paid when due. Because this is a group policy, your coverage cannot be canceled on an individual basis.

BENEFITS FOR MENTAL, NERVOUS, OR EMOTIONAL DISORDER

If total or partial disability is due to a mental disorder, the maximum benefit period is two years (12 months if the disability occurs after age 69). “Mental Disorder” means a condition due to or relating from psychiatric or psychological conditions regardless of cause, such as: schizophrenia, depression, manic-depressive or bipolar illness, anxiety, personality disorders, and/or adjustment disorders or other conditions usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar treatments for the above conditions.

EXCLUSIONS

This coverage does not provide benefits for: any disability that occurs during or is due or related to intentionally self-inflicted injury while sane or insane (Missouri residents: this exclusion is not applicable to injury caused by an intentionally self-inflicted injury while insane); declared or undeclared war or any act thereof; military service; your incarceration for or participation in (except as a victim) an illegal occupation/activity or the commission of a crime; disability for which the insured is not under the regular care of a doctor; or any impairment or disease specifically excluded from your coverage. Benefits due to mental disorder are limited to a maximum of 24 monthly payments (12 months if the disability occurs after age 69).

30 DAY FREE LOOK

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.

HOW YOUR ASSIGNMENT OF DIVIDENDS TO ABE WORKS —THE UNIQUE CHARITABLE GIVING FEATURE OF ABE-SPONSORED INSURANCE

Founded by the ABA in 1942, the American Bar Endowment (ABE) is a §501(c)(3) not-for-profit public charity. ABE fulfills its charitable mission of improving the administration of justice, one of the profession's highest obligations, by making annual grants to support law-related research, public service, and educational projects and programs, including those conducted by the American Bar Association's Fund for Justice and Education (FJE) and the American Bar Foundation (ABF). ABE also makes Opportunity Grants to support boots-on-the-ground efforts to expand the availability of legal services to underserved communities. ABE maintains a Legal Legacy Fund for the permanent support of its grantees.

By participating in ABE's group insurance programs, designed for and available only to practicing lawyers and their families, you can contribute to these efforts. By enrolling in ABE-sponsored insurance programs, unless you notify the ABE otherwise pursuant to the procedures set forth below, **you agree to donate to ABE your share of any dividends payable on the group policies for ABE to use for its charitable purposes.** Donations of dividends to ABE are tax-deductible to the insured to the fullest extent permitted by law.

Your dividend donation to ABE makes a difference. These funds, after administrative expenses, are a significant source of ABE's charitable grants and additions to the Legal Legacy Fund. Insureds who donate their dividends help meet their professional and public responsibilities, as well as obtaining valuable coverage for their families. About 83% of insured lawyers donate their dividends.

Insureds are notified each year by late January of the amount, if any, of their dividend for the prior year that has been donated to ABE. (Dividends are not guaranteed, and in any given year, a given policy may not pay a dividend; dividends will vary from year to year.)

If you do not want to donate your dividend to ABE, you must request a "refund" of your dividend as follows: any time after the first policy year of your participation, for each year that you want a refund of your dividend, ABE must receive a written request from you for refund (by mail or email to dividends@abendowment.org), by as early as January 1 but not later December 15 of the year for which a refund is requested. ABE will send confirmation of any request received, and you should retain that confirmation for your records as proof that your refund request was timely received. If you do not receive a confirmation within 3 weeks of sending a request to ABE, please contact the ABE. (Special instructions for new applicants are contained in the application and apply to any dividends earned during the first policy year only.). The approximate percentage of premium available for refund (if any) on each ABE-sponsored insurance policy will be published in each December/January issue of the ABA Journal and on ABE's website each October. You do not need to wait for this information as refund requests are accepted beginning January 1.

Donation acknowledgments of your dividend, or dividend checks (if applicable), are mailed by late January the following year. If you receive a donation acknowledgment but you did not intend to donate your dividend to ABE, 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: Insureds who do not want to contribute dividends to ABE must make a written request for refund each year, using the procedures above. When you sign the application for insurance, you are agreeing to donate your dividends unless you otherwise notify the ABE to request a refund. Do not sign the application if you do not agree with these procedures.

IMPORTANT NOTICE:

HOW NEW YORK LIFE OBTAINS INFORMATION AND UNDERWRITES YOUR REQUEST FOR GROUP LONG-TERM DISABILITY 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 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, LLC., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (866) 692-6901. 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 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.

LONG-TERM DISABILITY PLUS MEMBER SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS

Rate Per \$100 Benefit • Current rates effective as of 2024

For a personalized rate quote, visit www.abendowment.org.

When comparing rates, please keep in mind that although not promised or guaranteed, this insurance is designed to generate dividends that you are asked to donate to support ABE's charitable mission. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. Members may also annually request that any available dividends be refunded to them. For further details, see "How Your Assignment of Dividends Works" on page 3.

Premiums are based on the Insured's age when coverage becomes effective. They change on the November 1st coinciding with or next following Insured's change in age categories as shown. A Member must be Insured to insure their Spouse/DP. Coverage terminates when Member and/or Spouse/DP turns age 75, whichever comes first. Future benefits and premiums are subject to change if agreed to by New York Life Insurance Company and ABE. Premiums may vary due to rounding when billed.

MEMBER SCHEDULE OF PREMIUM WITH COLA

MEMBER'S AGE	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 2.25	\$ 1.04	\$ 0.87	\$ 0.72
30-34	2.64	1.29	1.02	0.94
35-39	3.33	1.85	1.35	1.26
40-44	5.15	2.85	2.06	1.93
45-49	7.82	4.48	3.68	3.45
50-54	10.80	7.08	6.34	5.71
55-59	12.70	8.99	8.08	6.30
60-64	12.00	7.01	6.31	5.66
65-74*	13.66	7.53	6.79	6.35

MEMBER SCHEDULE OF PREMIUM WITHOUT COLA

MEMBER'S AGE	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 2.19	\$ 1.01	\$ 0.83	\$ 0.70
30-34	2.56	1.25	0.99	0.92
35-39	3.23	1.80	1.32	1.23
40-44	5.00	2.76	2.00	1.87
45-49	7.60	4.35	3.58	3.35
50-54	10.47	6.88	6.15	5.55
55-59	12.33	8.72	7.84	6.12
60-64	11.65	6.81	6.12	5.49
65-74*	13.26	7.31	6.59	6.16

MEMBER SCHEDULE OF PREMIUM WITH COLA & CATASTROPHIC BENEFIT

MEMBER'S AGE	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 2.48	\$ 1.14	\$ 0.96	\$ 0.79
30-34	2.90	1.42	1.12	1.03
35-39	3.66	2.04	1.49	1.39
40-44	5.67	3.14	2.27	2.12
45-49	8.60	4.93	4.05	3.80
50-54	11.88	7.79	6.97	6.28
55-59	13.97	9.89	8.89	6.93
60-64	13.20	7.71	6.94	6.23
65-74*	15.03	8.28	7.47	6.99

MEMBER SCHEDULE OF PREMIUM WITH CATASTROPHIC BENEFIT, WITHOUT COLA

MEMBER'S AGE	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 2.41	\$ 1.11	\$ 0.91	\$ 0.77
30-34	2.82	1.38	1.09	1.01
35-39	3.55	1.98	1.45	1.35
40-44	5.50	3.04	2.20	2.06
45-49	8.36	4.79	3.94	3.69
50-54	11.52	7.57	6.77	6.11
55-59	13.56	9.59	8.62	6.73
60-64	12.82	7.49	6.73	6.04
65-74*	14.59	8.04	7.25	6.78

*For renewal purposes only.

SCHEDULE OF PREMIUM FOR LAW SCHOOL LOAN REPAYMENT OPTIONS

MEMBER'S AGE	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under Age 40	\$ 38.50	\$ 18.50	\$ 12.00	\$ 9.50

Note: Insured Members under the age of 40 are eligible to apply with coverage available to individuals who are permanently, totally disabled prior to age 45.

How to Calculate Member's Maximum Benefit Amount:

\$ _____ Member's annual earned income (after business expenses).

÷ 18 For benefits in excess of \$7,500 divide by 20

= \$ _____

– \$ _____ Less monthly benefits from other Disability Insurance Policies (if any)

= \$ _____ Monthly Disability Benefits member is eligible to apply for

Benefits available in increments of \$100 up to a maximum of \$12,000.

How to Calculate Your Premium Amount:

1. Determine what monthly benefit amount that you are eligible to apply for, and divide this amount by 100.

2. Find the Member premium on the chart (if you want the COLA Benefit, refer to the rate chart "Schedule of Premium with COLA") for your current age, and multiply that amount by the answer to the calculation in #1 above. This is the amount of your quarterly premium.

EXAMPLE: A 39-year-old Member is applying for a monthly benefit of \$1,200 with a 90-day waiting period and COLA.

$\$1,200 \div 100 = 12 \times \$1.85 = \$22.20$ quarterly premium

To pay monthly,* divide the quarterly premium by 3.

To pay semiannually, multiply the quarterly premium by 2.

To pay annually, multiply the quarterly premium by 4.

* Monthly billing only available with our ACH option (ABE Automatic Payment Plan).

**LONG-TERM DISABILITY PLUS
SPOUSE/DP SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS**

Rate Per \$100 Benefit • Current rates effective as of 2023

For a personalized rate quote, visit www.abedowment.org.

When comparing rates, please keep in mind that although not promised or guaranteed, this is designed to generate dividends that you are asked to donate to fund ABE's charitable mission. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. Members may also annually request that any available dividends be refunded to them. For further details, see "How Your Assignment of Dividends Works".

Premiums are based on the insured's age when coverage becomes effective. They change on the November 1st coinciding with or next following Insured's change in age categories as shown. A Member must be insured to insure their Spouse/DP. Coverage terminates when Member and/or Spouse/DP turns age 75, whichever comes first. Future benefits and premiums are subject to change if agreed to by New York Life Insurance Company and ABE. Premiums may vary due to rounding when billed.

SPOUSE/DP SCHEDULE OF PREMIUM WITH COLA

SPOUSE/DP'S AGE	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 1.30	\$ 1.08	\$ 0.91
30-34	1.61	1.28	1.19
35-39	2.32	1.70	1.59
40-44	3.56	2.57	2.42
45-49	5.60	4.62	4.32
50-54	8.85	7.92	7.14
55-59	11.23	10.10	7.88
60-64	8.76	7.89	7.08
65-74*	9.42	8.49	7.93

SPOUSE/DP SCHEDULE OF PREMIUM WITHOUT COLA

SPOUSE/DP'S AGE	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 1.26	\$ 1.04	\$ 0.88
30-34	1.56	1.23	1.14
35-39	2.25	1.65	1.54
40-44	3.46	2.50	2.34
45-49	5.44	4.47	4.18
50-54	8.60	7.69	6.93
55-59	10.91	9.81	7.66
60-64	8.51	7.67	6.87
65-74*	9.14	8.24	7.70

SPOUSE/DP SCHEDULE OF PREMIUM WITH COLA & CATASTROPHIC BENEFIT

SPOUSE/DP'S AGE	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 1.43	\$ 1.19	\$ 1.00
30-34	1.77	1.41	1.31
35-39	2.55	1.87	1.75
40-44	3.92	2.83	2.66
45-49	6.16	5.08	4.75
50-54	9.74	8.71	7.85
55-59	12.35	11.11	8.67
60-64	9.64	8.68	7.79
65-74*	10.36	9.34	8.72

SPOUSE/DP SCHEDULE OF PREMIUM WITH CATASTROPHIC BENEFIT, WITHOUT COLA

SPOUSE/DP'S AGE	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 1.39	\$ 1.14	\$ 0.97
30-34	1.72	1.35	1.25
35-39	2.48	1.82	1.69
40-44	3.81	2.75	2.57
45-49	5.98	4.92	4.60
50-54	9.46	8.46	7.62
55-59	12.00	10.79	8.43
60-64	9.36	8.44	7.56
65-74*	10.05	9.06	8.47

*For renewal purposes only.

How to Calculate Spouse/DP's Maximum Benefit Amount:

$$\begin{aligned}
 & \$ \underline{\hspace{2cm}} \quad \text{Spouse/DP's annual earned income (after business expenses)} \\
 & \quad \div 18 \\
 & = \$ \underline{\hspace{2cm}} \\
 & - \$ \underline{\hspace{2cm}} \quad \text{Less monthly benefits from other Disability Insurance Policies (if any).} \\
 & = \$ \underline{\hspace{2cm}} \quad \text{Monthly Disability Benefits Spouse/DP is eligible to apply for} \\
 & \quad \text{Spouse/DP benefit cannot exceed 9 times the Member's benefit}
 \end{aligned}$$

Benefits available in increments of \$100 up to a maximum of \$12,000 for Members and up to a maximum of \$5,000 for Spouses/DPs.

How to Calculate Spouse/DP's Premium Amount:

1. Determine what monthly benefit amount your Spouse/DP is eligible to apply for and divide this amount by 100.
2. Find the premium on the chart (if you want the COLA Benefit, refer to the rate chart "Schedule of Premium with COLA") for current age and multiply that amount by the answer to the calculation in #1 above. This is the amount of your quarterly premium.

EXAMPLE: A Member is applying for a monthly benefit of \$1,200 for their 39-year-old Spouse/DP with a 90-day waiting period and COLA.

$$\$1,200 \div 100 = 12 \times \$2.32 = \$27.84 \text{ quarterly premium}$$

To pay monthly,* divide the quarterly premium by 3.

To pay semiannually, multiply the quarterly premium by 2.

To pay annually, multiply the quarterly premium by 4.

* Monthly billing only available with our ACH option (ABE Automatic Payment Plan).