

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

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

For a personalized rate quote, visit [abendowment.org](http://abendowment.org).

When comparing rates, please keep in mind that although not promised or guaranteed, this insurance is designed to generate dividends that an insured is 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 1<sup>st</sup> 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
40 & Under	\$ 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 Member's 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](http://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).