

LONG-TERM DISABILITY • SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS

Rate Per \$100 Benefit • Current rates effective as of 2021

For a personalized rate quote, please visit 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 to the fullest extent allowed by law. Members may also annually request that any available dividends be refunded to them. For further details, see "How Your Assignment of Dividends Works" section 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	30-Day Waiting Period	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 2.83	\$ 2.04	\$ 0.93	\$ 0.78	\$ 0.66
30-34	3.37	2.37	1.17	0.93	0.84
35-39	3.67	3.00	1.68	1.23	1.14
40-44	6.17	4.65	2.58	1.86	1.74
45-49	7.76	7.05	4.05	3.33	3.12
50-54	11.64	9.72	6.39	5.70	5.16
55-59	12.63	11.46	8.10	7.29	5.67
60-64	12.37	10.83	6.33	5.70	5.10
65-69*	13.23	12.30	6.78	6.12	5.73

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	\$ 1.17	\$ 0.96	\$ 0.81
30-34	1.44	1.14	1.08
35-39	2.10	1.53	1.44
40-44	3.21	2.31	2.19
45-49	5.04	4.17	3.90
50-54	7.98	7.14	6.45
55-59	10.11	9.09	7.11
60-64	7.89	7.11	6.39
65-69*	8.49	7.65	7.14

MEMBER SCHEDULE OF PREMIUM WITHOUT COLA

MEMBER'S AGE	30-Day Waiting Period	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
Under 30	\$ 2.75	\$ 1.98	\$ 0.90	\$ 0.75	\$ 0.63
30-34	3.27	2.31	1.14	0.90	0.84
35-39	3.56	2.91	1.62	1.20	1.11
40-44	6.00	4.50	2.49	1.80	1.68
45-49	7.54	6.84	3.93	3.24	3.03
50-54	11.30	9.45	6.21	5.55	5.01
55-59	12.27	11.10	7.86	7.08	5.52
60-64	12.01	10.50	6.15	5.52	4.95
65-69*	12.85	11.94	6.60	5.94	5.55

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	\$ 1.14	\$ 0.93	\$ 0.81
30-34	1.41	1.11	1.03
35-39	2.04	1.50	1.39
40-44	3.12	2.25	2.11
45-49	4.89	4.02	3.77
50-54	7.74	6.93	6.24
55-59	9.84	8.85	6.89
60-64	7.68	6.90	6.19
65-69*	8.25	7.44	6.94

*For renewal purposes only.

SCHEDULE OF PREMIUM FOR LAW SCHOOL LOAN REPAYMENT OPTIONS

MEMBER'S AGE	30-Day Waiting Period	60-Day Waiting Period	90-Day Waiting Period	180-Day Waiting Period	365-Day Waiting Period
40 & Under	\$ 60.00	\$ 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 Maximum Benefit Amount:

(Separate calculations must be made for member and spouse/DP)

\$ _____ 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 eligible to apply for
Spouse/DP benefit cannot exceed 9 times the member's benefit

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 Premium Amount:

- Determine what monthly benefit amount you or your spouse/DP are eligible to apply for and divide this amount by 100.
- Find the premium on the chart for your or your spouse/DP's current age and multiply that amount by the answer to the calculation in #1 above. This is the amount of the monthly premium and COLA.

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

$\$1,200 \div 100 = 12 \times \$1.68 = \$20.16$ monthly 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).