

**INSURANCE
EXCLUSIVELY
for ABA Members**

ABE-Sponsored Mid-Term Disability 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 Mid-Term Disability 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 TO \$12,000/MONTH

ABA lawyer members residing in the U.S. (excluding NH, NV, OH, VT) and Puerto Rico, under age 65, who are actively working full-time can apply for up to \$12,000 a month in disability income benefits, depending on current income. Benefits are available in \$100 increments, with a 14, 30, 60, 90, or 180-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).

SPOUSE/DOMESTIC PARTNER COVERAGE OPTION

Your spouse/domestic partner (DP) under age 65 who is actively working full-time for at least 30 hours per week may apply for monthly disability income benefits in increments of \$100, up to \$5,000 a month. The 66 2/3% limitation noted previously also applies to your spouse/DP. Spouse/DP coverage is limited to 9 times the member's monthly benefit. Members must be insured to insure their spouse/DP. If both you and your spouse/DP are ABA lawyer members, you may

IMPORTANT FEATURES...

- Up to \$12,000 of monthly benefits for you, up to \$5,000 for your spouse/domestic partner
- Member's "Own Specialty" definition of disability
- Optional waiting periods to lower your premiums
- Benefits payable for up to 5 years
- Added Hospital Benefits

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/DP also have a choice of waiting periods: 90 or 180 days. Please see page 4 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 14, 30, 60, 90, or 180 days for members and 90 or 180 days for spouse/DPs. Full benefits are payable up to five years if you are completely unable to perform the material duties of your regular occupation including your particular specialty of law, if applicable, due to a disabling accident or injury. (Specialty of law provision is not applicable to spouse/DP coverage.) If total disability is the result of a covered sickness, benefits are payable for up to two full years (except total disabilities due to mental disorder which limits benefits to one year). Benefits for a disability occurring after your 70th birthday will be payable for one year.

SPECIALTY OF LAW COVERAGE

Unlike many other disability policies available today, ABE-sponsored Mid-Term Disability 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 accident or injury for 5 years (except for disabilities due to mental disorder for which benefits are limited to one year or 12 months for disabilities occurring after age 70 and 2 years for a disabling sickness). Even if you are able to perform the duties of another occupation or specialty, you can still collect benefits.



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 policy sponsored by American Bar Endowment for its members. IT IS NOT TO BE CONSIDERED A CONTRACT OF INSURANCE. The complete terms are set forth in the Group Policy G-29902-0 on Policy Form GMR-FACE/G-29902-0 issued by New York Life Insurance Company. This is group insurance, meaning coverage is issued to an ABA member under a Certificate of Insurance; coverage is not provided under an individual policy, nor is it employer/employee insurance.

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877-621-7676
abendowment.org

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.

YOU CAN CHOOSE THE WAITING PERIOD TO SAVE PREMIUM

ABE-sponsored Mid-Term Disability Insurance also allows you to choose when you want to begin to receive your benefits. Select waiting periods of 14, 30, 60, 90, or 180 days for members, and 90 or 180 days for spouses/DPs. The waiting period begins on the first day of total disability occurring after the effective date. Benefits are payable the day after the chosen waiting period has been satisfied.

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. This benefit will continue for up to 6 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.

ADDED HOSPITAL BENEFITS

When hospitalized for disability, you collect an additional 50% of your monthly benefit for up to 3 full months for each covered accident or sickness, excluding the following: facilities which primarily provide custodial, educational or rehabilitative care.

WAIVER OF PREMIUM

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

YOUR BENEFITS ARE TAX FREE

Under current federal income tax laws, permanently, totally disabled 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 maintain your ABA membership, and premiums are paid when due. Because this is a group policy, your coverage cannot be cancelled 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 one year. "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 modalities used in the treatment of 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; or your incarceration for or participating in (except as a victim) an illegal occupation/activity or the commission of a crime; or any impairment or disease specifically excluded from your coverage. Benefits due to Mental Disorder are limited to a maximum of 12 monthly payments.

IT'S EASY TO APPLY

1. As long as you are an ABA lawyer member under age 65 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 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

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 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 organization composed of members of the American Bar Association. **ABE fulfills its charitable purpose of improving the administration of justice, one of the 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 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 policy 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 ABE-sponsored insurance policy will be published in each **December/January 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.**

IMPORTANT NOTICE:

HOW NEW YORK LIFE OBTAINS INFORMATION AND UNDERWRITES YOUR REQUEST FOR GROUP MID-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, 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 or 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.

MID-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 permitted 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" 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.

AGE	Member 14-DAY WAITING PERIOD	Member 30-DAY WAITING PERIOD	Member 60-DAY WAITING PERIOD	Member 90-DAY WAITING PERIOD	Member 180-DAY WAITING PERIOD
UNDER 35	\$ 2.44	\$ 1.21	\$.96	\$.74	\$.65
35 - 39	3.31	1.81	1.46	1.12	.99
40 - 44	3.94	2.31	1.90	1.46	1.29
45 - 49	5.62	3.42	2.89	2.22	1.95
50 - 54	8.93	5.60	4.82	3.71	3.26
55 - 59	12.93	8.43	7.39	5.69	5.00
60 - 64	15.44	10.70	9.54	7.34	6.46
65 - 75*	17.09	12.17	10.64	8.18	7.20

AGE	SPOUSE 90-DAY WAITING PERIOD	SPOUSE 180-DAY WAITING PERIOD
UNDER 35	\$.92	\$.81
35 - 39	1.40	1.23
40 - 44	1.83	1.61
45 - 49	2.78	2.44
50 - 54	4.63	4.08
55 - 59	7.11	6.25
60 - 64	9.17	8.07
65 - 75*	10.23	9.00

* For renewal purposes only.

How to Calculate Maximum Benefit Amount:

(Separate calculations must be made for member and spouse)

\$ _____ 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 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.

How to Calculate Premium Amount:

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

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

$\$1,200 \div 100 = 12 \times \$1.12 = \$13.44$ 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 available only with our ACH option (ABE Automatic Payment Plan).