## PROFESSIONAL OVERHEAD EXPENSE DISABILITY INSURANCE <br> SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS <br> Current as of 2023 • For personalized rate quote, visit us online at www.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, or members may annually request that dividends be refunded to them. We ask that you leave these dividends with ABE. If you do so, you are eligible for a charitable contribution deduction on your individual tax return. (See "How Your Assignment of Dividends Works" section on the previous page.)

| Member | Quarterly Rates per | Quarterly Rates for Monthly Benefits |  |  |  |
| :--- | :---: | ---: | ---: | ---: | ---: |
| Age | \$100 Monthly Benefit | $\$ 4,000$ | $\$ 6,000$ | $\$ 8,000$ | $\$ 10,000$ |
| Under 35 | $\$ 1.00$ | $\$ 40.00$ | $\$ 60.00$ | $\$ 80.00$ | $\$ 100.00$ |
| $35-39$ | 1.13 | 45.00 | 67.50 | 90.00 | 112.50 |
| $40-44$ | 1.65 | 66.00 | 99.00 | 132.00 | 165.00 |
| $45-49$ | 2.38 | 95.00 | 142.50 | 190.00 | 238.00 |
| $50-54$ | 3.75 | 150.00 | 225.00 | 300.00 | 375.00 |
| $55-59$ | 5.00 | 200.00 | 300.00 | 400.00 | 500.00 |
| $60-64$ | 7.50 | 300.00 | 450.00 | 600.00 | 750.00 |
| $65-69^{*}$ | 11.00 | 440.00 | 660.00 | 880.00 | $1,100.00$ |
| $70-74^{*}$ | 15.00 | 600.00 | 900.00 | $1,200.00$ | $1,500.00$ |

*For renewal purposes only.
Premiums are based on the member's age when coverage becomes effective and increase as shown on the July 1 on or next following the member's entry into a new age group. To determine the rate for a benefit level not listed, use the base per $\$ 100$ monthly benefit column. Find the base premium at your current age and multiply it by the number of $\$ 100$ coverage units you desire, up to a maximum of 100 coverage units. New York Life reserves the right to change rates on any premium due date and on any date on which benefits are changed. However your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums will vary depending on the benefit chosen. Benefit options are not guaranteed and are subject to change by agreement between New York Life and the ABE. Due to rounding, premiums may differ by pennies when billed.

## HOW MUCH COVERAGE SHOULD YOU CONSIDER?

To determine the amount of coverage you may need, calculate your share of normal monthly business expenses by completing the chart below. If any expense is paid other than monthly, determine the appropriate monthly rate.

## Expenses



## Expenses

| Employee Medical Plans. | \$ |
| :---: | :---: |
| General Liability. | \$ |
| Professional Liability/Malpractice | \$ |
| Accounting Fees... | \$ |
| Professional Memberships ... | \$ |
| Subscription Dues .... | \$ |
| Depreciation ... | \$ |
| Rental/Lease of Office Equipment .. | \$ |
| Other Fixed Office Expenses: |  |
|  | \$ |
|  | \$ |
|  | \$ |

## Total Average Monthly Expenses=Amount of Coverage You May Need \$

Note: If you are approved for coverage, it is important to reevaluate your average monthly expenses on a regular basis and adjust your coverage amount accordingly. Claims will only be paid based on actual expenses and the average monthly benefit you have at the time of the claim.

