

PROFESSIONAL OVERHEAD EXPENSE DISABILITY INSURANCE PLAN
SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS
 Current as of 2019 • 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 plan is designed to generate dividends that an insured is asked to donate to fund ABE's charitable programs, 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 "Assignment of Dividends" section on the previous page.)

Member Age	Quarterly Rates per \$100 Monthly Benefit	Quarterly Rates for Monthly Benefits			
		\$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	Average Monthly Expenses For the Past 6 Months	Expenses	Average Monthly Expenses For the Past 6 Months
Rent or Mortgage Interest & Taxes	\$ _____	Employee Medical Plans	\$ _____
Utilities		Employee Taxes	\$ _____
Heat	\$ _____	General Liability	\$ _____
Water	\$ _____	Professional Liability/Malpractice	\$ _____
Electricity	\$ _____	Accounting Fees	\$ _____
Telephone	\$ _____	Professional Memberships	\$ _____
Interest Payments (Outstanding Business Debts)	\$ _____	Subscription Dues	\$ _____
Employees' Salaries & Payroll Taxes		Depreciation	\$ _____
(Exclude your own & other attorneys'	\$ _____	Rental/Lease of Office Equipment	\$ _____
Postage & Stationery	\$ _____	Other Fixed Office Expenses:	
Equipment Maintenance	\$ _____	_____	\$ _____
Insurance Premiums for:		_____	\$ _____
Workers' Compensation	\$ _____	_____	\$ _____
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.*