



Group Disability Income Insurance Plan

FOR MEMBERS OF THE PENNSYLVANIA STATE
EDUCATION ASSOCIATION

Why not join the millions
who have chosen to help
protect their families with
New York Life
Insurance Company?

Although many people carry life and health insurance, neither is designed to replace the income you could lose if you were out of work for six months, a year, or maybe more. This Group Disability Income Insurance Plan is designed to help protect your income. It works when you can't.

Eligibility

As a Member of the Pennsylvania State Education Association under the age of 60, you are eligible to request this Group Disability Income Insurance coverage as long as you are at FULL-TIME WORK, which is defined as the active performance for pay or profit of the regular duties of one's normal occupation on a basis of at least 30 hours per week, for pay or profit, and meeting the requirements of continuous employment to qualify for employee benefits.

This coverage is available only for the residents of the United States (except territories) and Puerto Rico.

How the Plan Works

The Plan is designed to pay monthly benefits when you are Totally Disabled. Totally Disabled is defined as being prevented by sickness or accident from performing the material and substantial duties of:

- your usual occupation, for the first five years after your Waiting Period;
- any occupation for which you are reasonably qualified by reason of education, training, or experience after this five-year period.

You must be under the care of a licensed physician, and you are not otherwise working for pay or profit. Benefits begin at the end of your selected Waiting Period, provided you are Totally Disabled.

Your Choice of Coverage – You have three plan options to choose from. Pick the one that best suits your unique situation:

- **To Age 65 Plan** – If you are Totally Disabled before age 64, benefits are payable up to age 65. For Total Disabilities starting at age 64 but before age 70, benefits are payable for 12 months, but not beyond age 70.
- **Two-Year Plan** – If you are Totally Disabled before age 64, benefits are payable up to 24 months. For Total Disabilities starting at age 64 but before age 70, benefits are payable for 12 months, but not beyond age 70.
- **12-Month Plan** – If you are Totally Disabled, benefits are payable up to 12 months, but not beyond age 70.

Your Choice of Waiting Periods – A Waiting Period is the number of consecutive days you must be Totally Disabled before benefits may commence. Under this plan, you have a choice to wait 60, 90, 180, or 365 days before you begin receiving benefits. (The 180- and 365-day Waiting Periods are only available with the "To Age 65" Plan.) You can lower your premium by selecting a longer Waiting Period.

Your Choice of Monthly Benefit Amount – Examine your financial picture and decide how much Monthly Benefit you may need:

- **Class 3 – Faculty and Administration, Librarians, Guidance Counselors, and School Nurses:** Up to \$5,000 monthly (in \$100 increments)
- **Class 6 – Clerical Staff:** Up to \$2,500 monthly (in \$100 increments)
- **Class 9 – Nurses Aides, Bus Drivers, Maintenance and Food Service Staff:** Up to \$1,500 monthly (in \$100 increments)

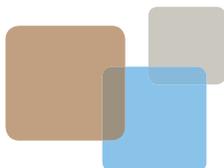
The option you choose, together with any other disability income insurance you may have, or for which you are applying, cannot exceed 60%—50% if you are age 50 or over—of your AVERAGE MONTHLY INCOME, which is defined as your average monthly wages, salaries, commissions, fees, and other amounts received for person services—before the deduction of income or social security taxes and after the deduction of the normal business expenses which are deductible for income tax purposes. It does not include income from interest, dividends, rent, royalties, annuities, other insurance or other unearned income.

The monthly average is computed based on the immediately preceding period which produces the highest average: preceding tax year; preceding two tax year, or; the entire period, if less than 12 months.

Benefits under this Plan will be reduced to reflect any benefits you are eligible to receive under the following disability plans:

1. government retirement system;
2. the U.S. Social Security Act, the Canada Pension Plan, the Quebec Pensions Plan, the Railroad Retirement Act, or any similar Plan or Act;
3. mandatory part of any "no-fault" auto insurance policy;
4. a Workers Compensation Act or similar act; and/or
5. a state compulsory benefit act or law; and/or
6. other group insurance policy.

Benefits due to Mental Disorders and Chemical Dependency are limited as described under the **Exclusions and Limitations** section.



Plan Features

Take heart in knowing that this plan gives you the following standard features to help protect you and your family if you were to become disabled:

Waiver of Premium – After you have been receiving benefits for Total Disability for three consecutive months, all future premium contributions under the Plan will be waived for as long as you receive benefits for that disability. This benefit will end when the disability ends, or when coverage ends as stated in the **When Coverage Ends** section.

Benefits for Recurring Disability – Successive periods of disability which are due to the same or related causes will be considered a single period of disability unless separated by a return to FULL-TIME WORK of six consecutive months or more.

Rehabilitation Benefit – This benefit helps certain disabled individuals return to the workforce. Under this provision, a professional rehabilitation staff reviews case histories and identifies those individuals who appear to have the greatest likelihood of rehabilitation. Individuals selected by New York Life will be offered the option of participating in a rehabilitation program at no cost to them. Participation is voluntary and benefits will not be reduced due to participation in the program.

Organ Donation Benefit – If you undergo a surgical procedure to donate an organ for transplant, you will be considered Totally Disabled. No waiting period will apply, and benefits will be payable from the first day of Total Disability. However, any portion of the Monthly Benefit Option which became effective in the six months immediately prior to such organ donation will not be payable for this Total Disability.

Partial Disability Benefit – While you are recovering from a Total Disability that resulted from an injury, you may be eligible to receive a Partial Disability Benefit even though you return to work. If you are able to perform some but not all duties of your regular occupation, you may receive up to 50% of your Monthly Benefit Amount for up to three months. This benefit is not available for disabilities resulting from illness or from organ donation. Refer to your Certificate of Insurance for more information.

Workplace Modification – This benefit can be payable on a one-time basis while you are receiving benefits for a Covered Disability. If approved by New York Life, you or your employer will be reimbursed for the reasonable costs incurred to modify your workplace to accommodate your return to work. This benefit will not exceed the lesser of six Monthly Benefit Amounts or \$15,000.

Optional Benefits

You have the option of adding more features to suit your unique needs and for added peace of mind. Choose any of the following for an additional cost:

Accident Expense – This benefit can be payable if, as the result of an accident you've suffered, you incur expenses for services rendered by a physician or registered nurse, or for treatment, services or supplies provided by a hospital, but only if provided within 26 weeks of the accident. The maximum benefit payable after the completion of the Waiting Period is either \$25 or \$50, as selected by you. Also, benefits cannot exceed the Monthly Benefit Amount you selected.

In-Hospital Benefit – This additional monthly benefit can be payable if a covered injury or illness results in your being confined in a hospital for at least one full month. The benefit is payable for up to six months while so confined, but will end earlier if you reach age 65 or when you retire, whichever occurs first. The benefit amount available ranges from \$600 to \$3,000 (in \$100 increments).

Specified Injury Benefit – This benefit can pay you a minimum amount for certain specified injuries—bone fracture, joint dislocation, or the loss of one or more digits—as described in your Certificate of Insurance. The benefit payable ranges from 25% to 300% of your Monthly Benefit Amount. This benefit is only available for injuries for which no Monthly Benefit is payable, and only with a 60- or 90-day Waiting Period.

Cost of Living Adjustment (COLA) – The COLA Benefit allows you to keep pace with the rate of inflation. If you become Totally Disabled before age 64, monthly benefits will be adjusted annually from the date of disability. The adjustment is based on a formula reflecting changes in the Consumer Price Index for Urban Consumers (CPI-U) up to a maximum of 5%. Once you are no longer disabled and benefit payments stop, the Monthly Benefit Amount returns to its original amount. The benefit is available only to Class 3 and Class 6 members, and is not available under the 12 Month Plan.

Accidental Death & Dismemberment Benefit (AD&D) – Your coverage can include AD&D benefit in an amount from \$10,000 to \$100,000 (in \$10,000 increments). This benefit, or a percentage thereof, is payable if a covered accident results in your death or a specified loss:

- **100% Benefit** payable for the loss of: life; two limbs; sight of both eyes; one limb and the sight of one eye; speech and hearing
- **50% Benefit** payable for the loss of: one limb; sight of one eye; speech or hearing; thumb and index finger on one hand

For additional information about this plan or to obtain the proper forms to file a claim, contact USI Affinity:

800.327.1550 • Monday - Friday • 8:30 a.m. to 4:30 p.m. (ET)

Loss of sight, speech, or hearing means total and permanent loss thereof. Loss of limb means severance through or above the wrist or ankle. Loss of thumb and index finger means severance through or above the metacarpophalangeal joints. The injury must occur while you are covered under the Plan and must directly result in a covered loss within 365 days. No more than one benefit, the largest benefit, is payable for all losses to the same limb due to or related to any one accident. No more than the Principal Sum is payable for all losses due to or related to any accident.

AD&D coverage does NOT include losses resulting from: suicide, attempted suicide, or intentionally self-inflicted injury; any medical, dental, or surgical treatment not related to the accident, and; disease or infirmity. Refer to the **Exclusions and Limitations** section for all other exclusions that apply.

Summary of Terms and Conditions

Effective Date – You will become insured on the date specified by New York Life provided the first premium contribution is paid within 31 days of your effective date of coverage, satisfactory evidence of insurability has been submitted, and you are at FULL-TIME WORK on that date.

If you are not at FULL-TIME WORK, provided such date is within three months of the date of insurance would have otherwise become effective and you are still eligible for insurance. Payment of premium contribution for insurance does not mean that there is any coverage in force before the effective date specified by New York Life. There are instances where New York Life may be able to offer insurance (at the same premium contribution) by eliminating coverage for a specific impairment or disease.

Exclusions and Limitations – The Plan does not provide benefits for any disability that occurs during or is due or related to: intentionally self-inflicted injury while sane or insane; declared or undeclared war or any act thereof; military service; your use of drugs, alcohol, or narcotics, unless prescribed by a doctor; operating, riding in or descending from any aircraft, except when riding as a passenger on a licensed, non-military commercial aircraft; incarceration for or participation in (except as a victim) an illegal occupation/activity or the commission of a crime. Moreover, no benefits will be payable for any disability that is related to pregnancy, except complications thereof; a **Pre-Existing Condition** (see below) or any impairment or limitation specifically excluded from coverage; a disability that does not require the regular care of a doctor (“doctor” does not include yourself or a member of your immediate family).

Pre-Existing Condition is an injury or illness from which medical advice was given, treatment was received or recommended by a physician within the three months prior to your effective date of coverage. Expenses incurred 12 months after your effective date of coverage will not be subject to this limitation.

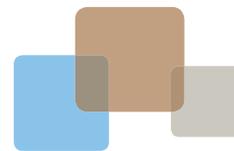
The benefit period for Mental Disorders and Chemical Dependencies is limited to the lesser of: 24 months or the maximum benefit period otherwise applicable.

When Coverage Ends – Coverage will remain in force until you reach age 70. Coverage will end earlier if: you cease FULL-TIME WORK (other than for Totally Disability); you fail to pay premiums when due; your membership in the PSEA ceases; you enter full-time active duty in the armed forces (coverage may be restored upon termination of active duty status, subject to policy guidelines); the policy is terminated or modified by the PSEA or New York Life; or you request such coverage to end.

Medical Requirements – New York Life reserves the right to request medical information needed to determine an applicant’s eligibility for coverage. Based upon the age of the person proposed for insurance and the amount of coverage requested, a physical exam, EKG, blood test or other medical information may be required. Not all applicants will have to supply additional information. However, if required, we will arrange for a professional paramedic to contact you to perform these simple tests at your convenience. The exam and blood test will be paid for by the Plan. Requests for insurance will be processed promptly and coverage will be issued for members whose evidence of insurability has been found to be satisfactory.

30-Day Free Look

Once your coverage is approved, you will be sent a Certificate of Insurance summarizing your benefits under the Plan. If you are not completely satisfied with the terms of the Certificate, you may return it, without claim, within 30 days. We will refund your entire premium contribution and invalidate your coverage.



How to Apply

- Complete and sign an Application for Insurance.
- Be sure to answer all health questions and collect any documentation requested.
- Place your application and required documentation in an envelope and drop it in the mail.
- Send no payment now, we’ll simply bill you upon acceptance.

Don’t forget - you have 30 days to review and cancel your coverage, so there’s absolutely *NO RISK* in applying!

Current 2018 Annual Premium Contributions Per \$100 Monthly Benefit*

Cost is based on the Waiting Period, Plan, and Monthly Benefit you select, as well as your age when coverage becomes effective, and on whether you select any of the Optional Benefit riders. The cost increases on the premium contribution due date on or immediately after you reach a higher age bracket.

Standard Group Disability Plans

Waiting Period	12 Month Plan		Two Year Plan		To Age 65 Plan			
	60 Days	90 Days	60 Days	90 Days	60 Days	90 Days	180 Days	365 Days
< Age 39	\$7.20	\$4.80	\$12.00	\$7.20	\$21.60	\$16.80	\$13.20	\$12.00
Ages 40-44	\$13.20	\$10.80	\$15.60	\$12.00	\$34.80	\$27.60	\$24.00	\$21.60
Ages 45-49	\$15.60	\$12.00	\$21.60	\$16.80	\$48.00	\$39.60	\$37.20	\$31.20
Ages 50-54	\$22.80	\$16.80	\$33.60	\$25.20	\$73.20	\$61.20	\$52.80	\$46.80
Ages 55-59	\$30.00	\$24.00	\$43.20	\$37.20	\$91.20	\$76.80	\$67.20	\$57.60
Ages 60 & up**	\$44.40	\$37.20	\$66.00	\$56.40	\$91.20	\$76.80	\$67.20	\$57.60

Optional Benefit Riders

In-Hospital Benefit			COLA				Accident Expense (Additional Annual Premium)		
	Male	Female		Two Year Plan Classes 3 & 6	Age 65 Plan Class 3	Age 65 Plan Class 6		\$25 Max. Benefit	\$50 Max. Benefit
< Age 30	\$4.80	\$4.80	< Age 39	\$1.20	\$7.20	\$19.20	< Age 60	\$4.80	\$6.24
Ages 30-39	\$6.00	\$7.20	Ages 40-44	\$1.20	\$8.40	\$20.40			
Ages 40-49	\$7.20	\$8.40	Ages 45-49	\$1.20	\$8.40	\$21.60			
Ages 50-59	\$12.00	\$8.40	Ages 50-54	\$1.20	\$7.20	\$20.40	Ages 60 & up	\$7.20	\$9.36
Ages 60-64	\$14.40	\$12.00	Ages 55-59	\$1.20	\$6.00	\$15.60			
			Ages 60 & up	\$1.20	\$4.80	\$13.20			
Specific Injury Benefit (60- or 90-Day Waiting Period)			Accidental Death & Dismemberment (Per \$1,000 of benefit)						
	Male	Female	< Age 60		Ages 60 & up				
			Male	Female	Male	Female			
Class 3	\$4.80	\$3.60	\$0.84	\$0.60	\$2.76	\$1.80			
Class 6	\$6.00	\$4.80	\$0.84	\$0.60	\$2.76	\$1.80			
Class 9	\$10.80	\$7.20	\$1.68	\$1.08	\$3.12	\$2.04			

How to Calculate Your Annual Cost

1. Decide on the Standard Disability Plan, Waiting Period, and Monthly Benefit Amount (in \$100 increments) you desire.
2. Locate the applicable annual rate for your age in the Standard rate chart above. Multiply this number by the number of \$100 increments in your desired Monthly Benefit Amount.
3. Add to this cost any of the Optional Benefit Riders you desire. This is your annual premium.

*The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life on any premium contribution due date, but not more than once in any 12-month period, and any date on which benefits are changed. MONTANA RESIDENTS: Male rates apply to all applicants, regardless of gender.

**Renewal only at ages 60-69. Coverage terminates age 70.

How New York Life Obtains Information and Underwrites Your Request for Group Disability Income 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 your request 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. Other insurance companies may also furnish New York Life, its subsidiaries or the plan administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other application 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.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying the Administrator in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to

contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

New York Life may release this information to the plan administrator, other insurance companies to whom you may apply for insurance, or to whom a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with information concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. We may make a brief report to MIB; however, we will not disclose our underwriting decision. Information in our files may be seen by New York Life and Plan Administrator 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

nonmedical 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 the 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).

For NM Residents: PROTECTED PERSONS have a right of access to certain CONFIDENTIAL ABUSE INFORMATION 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 Administrator 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 or 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.

New York Life Insurance Company

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Administered By:

USI Affinity

2000 Oxford Drive, Suite 520

Bethel Park, PA 15102

1.800.327.1550

AR Ins. Lic # is 325944

CA Ins. Lic # is OG1191



This Insurance Is Underwritten By:

**NEW YORK LIFE
COMPANY**

51 Madison Avenue

New York, NY 10010

Under Group Policy G-29445-0

on Policy Form GMR-FACE/G-29445-0



This brochure contains only a brief description of the insurance plan's principal provisions and features. The complete terms and conditions are set forth in the group policy issued by New York Life to the Pennsylvania State Education Association. The Pennsylvania State Education Association incurs certain costs in connection with providing oversight and administrative support for this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. While we are pleased to endorse this product, that endorsement does not eliminate the need to always compare coverage and prices on available insurance products before making your purchase.