



Frequently Asked Questions

What is Term Life Insurance?

Term Life Insurance is basic, no-frills protection. It's an economical way to help protect your loved ones if something were to happen to you.

I already have life insurance through my employer. Should I still consider this insurance?

Your family's financial obligations will continue, even after you're gone. The benefits provided by this plan are paid in full, regardless of any other insurance you have in place, and this policy remains yours, even if you change jobs or become self-employed. Although no amount of money can replace your presence in your loved ones' lives, the tax-free cash settlement provided by this policy can help provide an additional layer of financial protection when they need it most.

How much coverage can I apply for?

Because you are a member of the American Physical Therapy Association (APTA), both you and your lawful spouse/domestic partner* are eligible to apply for between \$50,000 and \$1,000,000 in coverage (\$50,000 increments), as long as you are both U.S. residents and under age 65.

Your unmarried, dependent children age 6 months to 21 years (25 if full-time students) may be insured for \$10,000 each, provided they live with you and are primarily dependent upon you for support and maintenance (dependent children age 15 days up to 6 months may be insured for \$1,000). (Dependent child coverage may be subject to state variations.)

*Wherever the term spouse appears will read as Domestic Partner throughout.

What is the benefit of group rates?

As an APTA member, you are part of a large group of people nationwide, so you enjoy group purchasing power that brings you the convenience of coverage that is quick and easy to apply for while also keeping your cost competitive.

What if my health declines? Will my rates go up?

No. You cannot be singled out for a rate increase, regardless of changes to your health or any other individual factor. Rates may only be adjusted if the adjustment applies to all individuals insured under the plan.

Can I still apply if I have a pre-existing condition?

You are not automatically denied coverage due to a medical condition. You should complete the application and provide as much information as possible regarding your condition. When received, your application will be forwarded to the program's underwriter. The underwriter will then review your information and determine coverage.

What if I apply now and then change my mind?

Once your application is approved and coverage is issued, you'll receive a Certificate of Insurance. Then you'll have 30 days to decide if you're completely satisfied with your coverage. If you decide this coverage isn't right for you, return your certificate within that 30-day period without claim and you'll be under no further obligation.

Do I have to pay my first premium when I apply?

No. You don't need to send any money until you've reviewed your Certificate of Insurance and confirmed that it meets your needs. Your first premium notice will be enclosed with your Certificate of Insurance, and you will have 30 days to pay it.

This plan is underwritten by New York Life Insurance Company, NAIC # 66915, domiciled in the state of New York with a principal place of business of 51 Madison Avenue, New York, NY 10010 (policy form GMR).

New York Life is licensed/authorized to transact business in all the 50 United States, the District of Columbia, Puerto Rico, and Canada. However, not all group plans it underwrites are available in all states.

This is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. G-30371-0/GMR-FACE issued to the American Physical Therapy Association. Coverage may vary or may not be available in all states.

Provided by: The logo for Healthcare Providers Service Organization (HPSO), featuring a stylized heart shape and the letters "HPSO".

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