



GROUP LONG TERM DISABILITY INCOME INSURANCE
 Underwritten by New York Life Insurance Company, NY NY 10010 (policy form GMR)

Current 2017 Monthly Rates per \$100 Total Disability Monthly Benefit Amount

Monthly Rates per \$100 Monthly Benefit

Members and their eligible spouses/domestic partners* may apply for up to \$10,000 in \$100 increments.¹

The waiting period (also referred to as the elimination period) is the period of time between onset of total disability and your first benefit payment. The longer the waiting period, the lower your cost.²

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

Plan 1 (To Age 65)

Age	60 Day Waiting Period			90 Day Waiting Period			180 Day Waiting Period		
	Base Monthly Benefit	Optional COLA	Optional Catastrophic Disability	Base Rate	Optional COLA	Optional Catastrophic Disability	Base Monthly Benefit	Optional COLA	Optional Catastrophic Disability
< 35	\$2.023	\$0.048	\$0.016	\$1.835	\$0.043	\$0.014	\$1.487	\$0.035	\$0.012
35-39	\$2.326	\$0.055	\$0.018	\$2.111	\$0.050	\$0.017	\$1.710	\$0.040	\$0.013
40-44	\$3.527	\$0.083	\$0.028	\$3.189	\$0.075	\$0.025	\$2.819	\$0.066	\$0.022
45-49	\$3.988	\$0.094	\$0.031	\$3.605	\$0.085	\$0.028	\$3.186	\$0.075	\$0.025
50-54	\$5.676	\$0.133	\$0.044	\$5.090	\$0.120	\$0.040	\$4.688	\$0.110	\$0.037
55-59	\$6.130	\$0.144	\$0.048	\$5.497	\$0.129	\$0.043	\$5.064	\$0.119	\$0.040
60-64	\$7.296	\$0.171	\$0.057	\$6.948	\$0.163	\$0.054	\$6.409	\$0.151	\$0.050
65-70**	\$7.807	\$0.183	\$0.061	\$7.435	\$0.175	\$0.058	\$6.857	\$0.161	\$0.054

**For renewal only

Plan 2 (Five Years)

Age	60 Day Waiting Period			90 Day Waiting Period			180 Day Waiting Period		
	Base Monthly Benefit	Optional COLA	Optional Catastrophic Disability	Base Rate	Optional COLA	Optional Catastrophic Disability	Base Monthly Benefit	Optional COLA	Optional Catastrophic Disability
< 35	\$1.338	\$0.031	\$0.010	\$1.155	\$0.027	\$0.009	\$0.936	\$0.022	\$0.007
35-39	\$1.605	\$0.038	\$0.013	\$1.386	\$0.033	\$0.011	\$1.123	\$0.026	\$0.009
40-44	\$2.437	\$0.057	\$0.019	\$2.097	\$0.049	\$0.016	\$1.853	\$0.044	\$0.015
45-49	\$2.891	\$0.068	\$0.023	\$2.489	\$0.058	\$0.019	\$2.199	\$0.052	\$0.017
50-54	\$4.729	\$0.111	\$0.037	\$4.038	\$0.095	\$0.032	\$3.721	\$0.087	\$0.029
55-59	\$5.655	\$0.133	\$0.044	\$4.638	\$0.109	\$0.036	\$4.271	\$0.100	\$0.033
60-64	\$7.296	\$0.171	\$0.057	\$6.948	\$0.163	\$0.054	\$6.409	\$0.151	\$0.050
65-70**	\$7.807	\$0.183	\$0.061	\$7.435	\$0.175	\$0.058	\$6.857	\$0.161	\$0.054

**For renewal only

These economical monthly premium rates are based on your actual age as of the effective date of your insurance; scheduled increases will occur as you enter each new age bracket. For your convenience, premiums are billed on a monthly (EFT Only), quarterly, semi-annual or annual basis. To calculate quarterly premiums, multiply by 3; for semi-annual premiums, multiply by 6; and for annual premiums, multiply by 12. Coverage ends when you reach age 70.

¹ Your monthly benefit amount cannot exceed 66 2/3% of your monthly pre-disability income.

² Members may choose a 60-, 90- or 180-day waiting period. Spouse coverage is subject to a 90-day waiting period.