



Coverage Overview

Most people don't have enough money saved up to live on for an extended period if they're unable to work. This Disability Income Insurance plan is designed to help you get by if you're disabled and can't earn your regular paycheck.

Eligibility

You're eligible to apply for this Long Term Disability Income Insurance plan if you're an active member in good standing of the American Physical Therapy Association (APTA) under age 65, a U.S. resident and actively employed full-time (at least 20 hours per week) in the physical therapy field.

If you are insured, your lawful spouse/domestic partner* may also apply, provided he or she is a U.S. resident under age 65 and working at least 20 hours per week.

All applications are subject to medical underwriting and approval. If a medical exam is required, it will be conducted at your convenience and at no cost to you.

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

Competitive 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.

Rates are based on the insured's age at the time coverage goes into effect and upon each subsequent premium due date. You cannot be singled out for a rate increase, regardless of how many claims you have made or the changing status of your health. Rates may only be adjusted if the adjustment applies to all individuals insured under the plan.

Protection in your regular occupation for up to 60 months

You will be considered totally disabled if, during the waiting period and up to the next 60 months, you are completely unable to perform the material and substantial duties of your regular occupation (that which you were performing immediately prior to onset of disability) as the result of a covered illness or injury (as certified by a physician). Thereafter, total disability means your complete inability to perform any gainful employment.

Monthly benefit up to \$10,000

You and your spouse may apply for between \$100 and \$10,000 in monthly benefits not to exceed 66 2/3% of the applicants Average Monthly Income (defined below) when combined with the total of any other disability insurance the applicant is insured for (or applying for). For spouse coverage, the member must be insured and spouse monthly benefit and benefit period may not exceed that of the insured member.

"Average Monthly Income" means the basic rate of of monthly compensation, including commissions, for the immediately preceding tax year (or two tax years if it produces a higher average) before deduction of any income taxes and after deduction of business expenses that are deductible for income tax purposes.

For a person who is self-employed income includes wages, salaries, fees, commissions and any other amounts received by such person for personal services. If the persons business is incorporated, the cost of fringe benefits and his or her share of the monthly net profit of the corporation whether received or not received.

Coverage Examples:

Annual Income	Sample Monthly Benefit Amounts
\$25,000	\$1,300
\$50,000	\$2,700
\$100,000	\$5,500
\$150,000	\$8,300
\$180,000	\$10,000



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Benefits paid directly to you if you're totally disabled due to injury or illness

Benefits are payable regardless of whether your disability is caused by a covered accident or illness. The latter could include inability to work because of a heart condition, back problem or other musculoskeletal injury, mental or nervous system disorder, cancer, paralysis, complications of pregnancy, or other conditions (see your Certificate of Insurance for details).

If you should be totally disabled and unable to work due to a covered injury or illness, once the waiting period has passed, we'll send monthly disability checks directly to you to help cover expenses you normally rely on your regular paycheck for.

Monthly benefits from this plan, when added to income from other disability insurance, workers' compensation, Social Security, retirement benefits, and other income sources cannot exceed 66 2/3 % of your monthly pre-disability income. See your Certificate of Insurance for a list of all deductible sources of income.

Benefit payments will continue until you recover from your disability, the maximum benefit period ends, you fail to give required proof of continuing disability, or upon your death.

Tax-free benefits

Your plan benefits may be tax-free if you pay your premiums with after-tax dollars. This isn't the case when your employer pays any part of the premiums for your disability plan. Under current tax law, if your employer pays your premiums, your benefits will be taxed as regular income. (Consult your tax advisor for specific details.)

Your choice of waiting period

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.

You decide when your benefits begin – 60, 90 or 180 days after you become totally disabled.

Spouse coverage is subject to a 90-day waiting period.

Your choice of benefit period

Two plans are available to choose from. You may select the one with the maximum benefit period that's best for you.

Under Plan 1 (Age 65 plan), if you are disabled prior to age 63, benefits will be paid until you reach age 65. If total disability begins on or after age 63, but prior to age 70, benefits will be paid for two years.

Under Plan 2 (Five Year Plan), if you are disabled prior to age 60, benefits will be paid for five years. If your disability begins on or after age 60, but prior to age 64, benefits will be paid until you reach age 65. If total disability begins on or after age 64, but prior to age 70, benefits will be paid for one year.

(If you are disabled due to a mental illness (as defined by the policy) or substance abuse, benefits are payable for a maximum of 24 months.)

Benefits for pregnancy-related disabilities

Some disability plans won't cover a disability resulting from a complication of pregnancy, or if they do, the waiting period is at least 180 days. This plan pays you benefits for disabilities due to complications of pregnancy after your selected waiting period.

Additional benefits included at no extra cost

Residual disability benefit – If you return to work immediately following a period of total disability for which benefits were payable, but you still haven't made a full recovery, you may continue to receive a residual monthly disability benefit until you reach the maximum benefit period payable for total disability or you're able to earn 80% of your pre-disability earnings, whichever occurs first.

Survivor income continuation benefit – If you should lose your life as the result of an injury or illness for which you have been receiving disability benefits for at least 12 consecutive months, your survivor will be paid a lump-sum payment equal to three times your monthly disability benefit.

Transplant benefit – If your total disability is the direct result of the donation of kidney, liver, lung, skin or bone marrow for the purposes of transplant to benefit another person, the waiting period will be waived and you will be eligible for monthly benefits for up to 12 months. This benefit is payable only once in an insured's lifetime.

Rehabilitation benefit – You may also qualify for rehabilitation benefits in addition to your monthly disability benefit if you choose to participate in an approved, accredited occupational

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rehabilitation program while you are disabled. Your participation in this program is voluntary.

Additional benefits are subject to limitations, exclusions and state variations; see your Certificate of Insurance for complete details.

Customize your plan with additional, optional benefits

Cost-of-living adjustment – If you add this rider to your insurance, New York Life will make a cost-of-living adjustment if you are totally or residually disabled for 12 consecutive months; you are receiving benefits; your disability was caused by an injury that occurred, or a sickness that first manifested itself after this provision became effective; and your disability commenced prior to age 64. The adjustment will increase your monthly benefit by the lesser of 6% or the annual percentage change in the Consumer Price Index (CPI-W) times the monthly benefit for total or residual disability then being received, but in no event less than 1%.

Catastrophic disability rider – If you add this rider to your insurance, you will receive a 30% increase (up to \$3,000) in your total monthly benefit if your disability includes (as certified by a doctor) loss of the ability to perform two or more activities of daily living (bathing, dressing, toileting, transferring, continence or eating) without assistance, a cognitive impairment (as defined by the policy) or diagnosis of a terminal illness.

Optional benefits are subject to limitations, exclusions and state variations; see your Certificate of Insurance for complete details.

Waiver of premium

Once benefit payments begin, your premium payments will be waived until you are no longer disabled. Once you're back on your feet, your premiums will resume.

Coverage that stays with you

This plan is portable, which means if you move, change jobs or become self-employed, you don't have to look for a new plan or worry about a lapse in coverage.

Effective date

Coverage will be effective on the 1st of the month following the date your application is approved, provided your first premium is paid within 30 days of, and you are actively

working at least 20 hours per week on, that date; otherwise, insurance will become effective when you return to work on a full time basis and resume normal activities provided such date is within 3 months of the original effective date.

Renewable to age 70

Coverage may be continuously renewed until you reach age 70, as long as you remain an APTA member, you pay your premiums when due, coverage remains in force for your class, the APTA continues to sponsor this plan, and New York Life continues to offer this coverage. Coverage will end if you retire (except due to disability covered by this policy) or following a 60-day continuous period during which you cease to be actively at work for reasons other than total disability.

In addition, spouse coverage will end if the member's coverage ends or if the marriage ends by divorce or annulment.

If the member dies, his or her insured spouse may continue coverage, provided he or she pays the required premiums. This continued coverage will end when the spouse is covered by another group plan or remarries, or on the date insurance would otherwise end under the policy.

Continuation during temporary layoff or leave of absence

An insured person may continue coverage if he or she ceases to be actively at work due to a temporary layoff, a leave of absence, or a leave of absence required by state law or by the Family and Medical Leave Act of 1993 (FMLA).

During a temporary layoff or leave of absence other than state-mandated or FMLA leave, coverage will continue for up to 30 days; in the case of state and FMLA mandated leave, coverage will continue for the greater of the period required by state law or by FMLA, provided the leave authorization is in writing and the required premium is paid.

This continuation will end upon the earliest to occur of the following: the end of the continuation period described above; the date the coverage would normally end under the previously-described termination provisions; the date the layoff becomes permanent; or the date the leave of absence terminates, if prior to the agreed upon date.

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30-day free look

Send no money today . . . review your certificate first!

You must be completely satisfied with your coverage before you pay your first premium. Once your application is approved and coverage issued, you'll receive a Certificate of Insurance. Take up to 30 days to review it. If it meets your needs, pay your first premium. If it doesn't, return your certificate, without claim, and you'll be under no further obligation.

Exclusions

No monthly benefit will be paid for any loss or disability due to an act or accident of war or an act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature; intentionally self-inflicted injury or attempted suicide; active participation in a riot; committing or attempting to commit a felony; engagement in an illegal occupation; pregnancy (with the exception of complications of pregnancy defined in the policy); or activity while in the service of the armed forces of any country or international authority for a period greater than 30 days (in such event, the pro rata unearned premium shall be returned to the insured for any period of full-time active duty of more than 30 days, provided the insured notifies us within 12 months of entering the armed forces).

Benefits will not be paid or accrued for any period of time in which the insured is incarcerated or under house arrest.

Benefits will be paid either for injury or for sickness, but not for both, during any concurrent period of 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 return to active work for six continuous months or more.

Pre-existing conditions: A pre-existing condition is defined as an injury or sickness for which the insured incurred charges; received medical treatment, consultation, care or services, including diagnostic measures; or took prescribed drugs or medicines within the 12 months immediately prior to the

effective date of coverage.

If disability is due to, caused by or contributed to by a pre-existing condition and it begins in the first 24 months after the effective date of coverage, no benefits will be paid, unless the insured has not received medical treatment, consultation, care or services, including diagnostic measures, or taken prescribed drugs or medicines for such condition, or any complication of it, for 12 continuous months after the effective date of coverage.

Applying is easy!

Simply apply securely online or print out and complete the application, and mail it to: APTA, 159 East County Line Road, Hatboro, PA 19040-9635.

There's no need to send payment now. We'll send you a premium notice upon approval.

If you have any questions, you can call the plan administrator at 1.800.982.9491.

The company behind the coverage

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-30374-0/ GMR-FACE on policy form GMR 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). It consists of a stylized 'H' inside a square, followed by the letters 'HPSO' in a bold, serif font with a registered trademark symbol.

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