



GROUP SHORT-TERM DISABILITY INSURANCE

Coverage Overview

As a physical therapy professional, you know first-hand the impact an injury or sickness can have on a person's ability to earn a paycheck and maintain his or her standard of living. This Short-Term Disability Insurance is an economical option if you've been thinking you might need more protection in case you should find yourself unable to work due to a non-job-related injury or illness.

Eligibility

You're eligible to apply for this Short-Term Disability Income Insurance plan if you're a 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 or 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.

A person may be insured as a member or a spouse, but not both.

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 premiums are adjusted as the insured enters each new age bracket. 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.

Monthly benefit up to \$4,000

You may apply for monthly benefits between \$1,200 and \$4,000 in \$100 increments. Your spouse is also eligible to apply for monthly benefits between \$1,200 and \$4,000, not to exceed the benefit amount you select.

Monthly benefits from this plan, when added to income from any other sources, including other disability insurance, cannot exceed 66 2/3 % of the applicants Average Monthly Income.

"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.

Tax-free benefits

Your 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.)

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

Once your insurance is in effect, if you should be totally disabled and unable to work due to a covered injury or sickness, New York Life will send you a monthly benefit for each month that you are continuously disabled to help cover the costs you normally rely on your paycheck for.

Injury is defined as a bodily injury resulting from an accident and independently of all other causes; the loss or disability must occur within 365 days of the accident. Sickness is defined as sickness, disease, mental illness, nervous or emotional disorder, drug addiction, including alcoholism, or complication of pregnancy. See your Certificate of Insurance for additional definitions.

You must be under the regular care of a physician to qualify for benefits.

Convenient waiting periods for short-term disabilities

The waiting period is the period following onset of disability during which no benefits are payable; under this short-term disability plan, the waiting period for sickness is seven days, and no waiting period applies if you are disabled due to an injury.

Duration of benefits

Monthly benefits will be paid up to six months, unless your disability ends sooner or you fail to provide required proof of continuing total disability when asked.

Successive periods of disability

After the waiting period has been satisfied, recurrent periods of disability due to the same or related medical causes as a prior period of disability will be treated as one continuous period of disability and applied to the maximum benefit period as though one continuous period of disability, unless, between the end of the last period of disability and the beginning of the current period of disability, the insured was

actively at work and no longer qualified for a monthly benefit under this policy for at least two consecutive weeks.

In addition, after the waiting period has been satisfied, concurrent periods of disability, regardless of cause, will be treated as one continuous period of disability. Periods of disability separated by at least two weeks during which the insured is actively at work and no longer qualifies for a monthly benefit will be considered separate periods of disability.

Additional benefits included at no extra cost

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. This benefit is payable only once in an insured's lifetime and for a maximum of six months.

Rehabilitation services – You may qualify for a voluntary rehabilitation program designed to assist you in returning to work. New York Life's vocational rehabilitation specialist will review your file to determine if you might benefit from rehabilitation services; once the review is completed, we may offer and pay for a return to work program. If it is determined that you are eligible for such a program, we will work with your physician and other appropriate specialists to develop a plan that best suits your needs.

Additional 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 benefits cease, 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.

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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 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 and you remain otherwise eligible.

Renewable to age 70

Coverage may be continuously renewed until you reach age 70, as long as you remain a member of the APTA, you pay your premiums when due, you remain employed full-time in the physical therapy field, coverage remains in force for your class, and the APTA continues to sponsor this plan. Coverage will end if you retire or following a 60-day continuous period during which you cease to be actively at work for reasons other than total disability.

Spouse coverage will end if the member's coverage ends and may also be terminated if the marriage ends by divorce or annulment.

If the member dies, his or her insured spouse may continue to be covered, provided premiums are paid, until he or she is covered by another group plan or remarries, or until insurance otherwise ends under this 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.

The monthly benefit, waiting period, maximum benefit period and the insured's pre-disability earnings will be based upon those in effect on the day before he or she was laid off or the leave began.

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.

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 disability due to intentionally self-inflicted injury or attempted suicide; active participation in a riot; an act or accident of war, whether declared or undeclared, civil or international, or any other substantial armed conflict between organized forces of a military nature; commission of a felony or an attempt to do so; injury or sickness commencing while the insured is 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 you for any period of full-time active duty of more than 30 days, provided you notify us within 12 months of entering the armed forces); being engaged in an illegal occupation; or pregnancy (with the exception of complications of pregnancy, as defined under the policy).

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

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Benefits will be paid either for injury or for sickness, but not for both, during any concurrent period of disability.

If a person's age, sex or any other data is misstated on the application or during the underwriting process, the correct data will be used to determine if insurance is in force. If insurance is in force, premiums and benefits will be adjusted according to the facts. Pre-existing conditions: A pre-existing condition is defined as an injury or sickness for which the insured incurred charges, received medical treatment, consulted a physician or took prescribed drugs within 24 months before becoming insured.

If total disability is due to a pre-existing condition and it begins within 24 months of the date you become insured, no benefits will be paid unless you have not incurred charges, received medical treatment, consulted a physician or taken prescribed drugs for such condition, or any complication of it, for 12 continuous months, while insured.

Applying is easy!

**Simply Apply Securely Online or print and complete the application, and mail it to:
APTA, 1100 Virginia Drive, Suite 250, Fort Washington, PA 19034.**

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.

This plan is underwritten by New York Life Insurance Company in the City of New York, NAIC No. 70106, domiciled in the state of New York with a principal place of business of 51 Madison Avenue, New York, New York, 10010.

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 summary is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. G-30375-0/GMR-FACE issued to American Physical Therapy Association on policy form GMR. Coverage may vary or may not be available in all states.

APTA incurs costs in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. APTA also receives a fee for the license of its name and logo used in connection with the plan.

Provided by:



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