

### Why Purchase 20-Year Level Term Life Through the ASCE?

With ASCE Group 20-Year Level Term Life Insurance, you'll have access to the following benefits:

- Apply for Up to \$2,000,000 of coverage for both Member and Spouse.
- Competitive group rates guaranteed for a 20-year term.
- No Exclusions: After coverage is in force for two years, benefits are payable for death from any cause, at any time, anywhere in the world. *(Subject to U.S. government regulations on restricted countries.)*
- Portable Coverage: Maintain your valuable ASCE Group 20-Year Level Term Life Insurance protection throughout your career.
- Guaranteed renewable until age 75: Provided you pay your premiums when due, remain a member of the ASCE, and the group policy remains in force, you can renew your life insurance under this ASCE plan until age 75.
- Several discounts available: Applicants meeting higher underwriting standards and who don't use tobacco or nicotine products may qualify for Preferred rates. Other non-tobacco, nicotine users may qualify for Select rates. In addition, you can benefit from volume discounts when you purchase higher amounts of insurance.
- Living benefit option ("Accelerated Death Benefit"): Enables you to apply for a portion of your benefits if you qualify as being terminally ill, subject to certain policy restrictions and limitations. These benefits are paid directly to you, and you may spend them any way you wish. *(See information and rates for more details. Not available to residents of Massachusetts.)*

### How Much Coverage Can I Apply For?

To estimate a coverage level that's right for you, consider your present living expenses, your estate and the future plans of your family. Choose a benefit level that will help protect you and your family for the next 20 years—without the worry of the benefit being lowered or your premiums going up.

You are eligible to apply for \$100,000 to \$2,000,000 (in multiples of \$10,000) of ASCE Group 20-Year Level Term Life Insurance for both you and your lawful spouse if:

- You're an ASCE member in good standing
- You and your spouse (if proposed for insurance) must be under age 55
- You and your spouse are able to perform the normal activities of a person in good health and like age (**Note: Residents of**

**MD and NC:** Any reference to "performing normal activities of a person in good health of like age" is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application.)

- You and your spouse reside in the United States\* (except territories)

*\* Certain state eligibility restrictions apply.*

Each unmarried, dependent child from age 14 days through 22 years (24 for full-time students) may also be insured for \$10,000. A dependent who is also an ASCE member is eligible for either member or dependent coverage, but not both. If both the member and spouse are covered as members, neither may insure the other as spouse and only one may insure any eligible children.

The total amount of coverage an individual may request under all Group Term Life Insurance plans underwritten by New York Life Insurance Company cannot exceed \$2,000,000. In addition, the total amount of coverage an individual insured may have by more than one group policy may not exceed plan maximums.

A child may not be insured for more than one \$10,000 benefit under all policies issued by New York Life Insurance Company to the Trustee of the ASCE Life Insurance Plan.

### What Do These Features Mean?

#### Living Benefit Provision ("Accelerated Death Benefit"):

Available to help terminally ill insureds and their families. This feature is designed to provide an insured one advance payment equal to 50% of their in force life insurance to be paid while that person is still alive. To qualify, the insured must be diagnosed as having a life expectancy of 12 months or less, as well as any other necessary medical information requested. For additional details and limitations, please see the Certificate of Insurance. Please note that receipt of accelerated death benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of tax counsel. *Note: This benefit is not available to residents of Massachusetts.*

**No Exclusions:** Benefits are paid for death from any cause, at any time, anywhere in the world.\* The validity of any amount of your life insurance which has been in force for two years during your lifetime will not be contested except for nonpayment of premium contributions and plan provisions relating to eligibility.

*\* Subject to U.S. government regulations on restricted countries.*

# ASCE GROUP 20-YEAR LEVEL TERM LIFE: 2012 ANNUAL PREMIUM RATES

(ANNUAL RATES PER \$1,000 OF INSURANCE)

Male & Female Issue Age	Amounts \$100,000-\$249,000						Amounts \$250,000-\$499,000						Amounts \$500,000-\$999,000						Amounts \$1,000,000-\$2,000,000					
	PREFERRED RATE		SELECT RATE		STANDARD RATE		PREFERRED RATE		SELECT RATE		STANDARD RATE		PREFERRED RATE		SELECT RATE		STANDARD RATE		PREFERRED RATE		SELECT RATE		STANDARD RATE	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
20-25	1.31	1.11	1.72	1.39	2.82	2.07	.92	.75	1.33	1.03	2.28	1.61	.85	.67	1.25	.95	2.20	1.54	.79	.60	1.22	.92	2.17	1.51
26	1.31	1.11	1.72	1.39	2.82	2.11	.92	.75	1.33	1.03	2.28	1.66	.85	.67	1.25	.95	2.20	1.58	.79	.60	1.22	.92	2.17	1.55
27	1.31	1.11	1.72	1.39	2.86	2.18	.92	.75	1.33	1.03	2.30	1.72	.85	.67	1.25	.95	2.23	1.64	.79	.60	1.22	.92	2.20	1.61
28	1.31	1.11	1.72	1.39	2.88	2.26	.92	.75	1.33	1.03	2.33	1.79	.85	.67	1.25	.95	2.25	1.71	.79	.60	1.22	.92	2.22	1.68
29	1.31	1.11	1.72	1.39	2.92	2.35	.92	.75	1.33	1.03	2.36	1.87	.85	.67	1.25	.95	2.28	1.79	.79	.60	1.22	.92	2.25	1.76
30	1.31	1.11	1.72	1.39	3.00	2.43	.92	.75	1.33	1.03	2.43	1.94	.85	.67	1.25	.95	2.35	1.86	.79	.60	1.22	.92	2.32	1.83
31	1.31	1.11	1.73	1.41	3.12	2.51	.92	.76	1.33	1.05	2.53	2.00	.85	.69	1.25	.97	2.46	1.93	.79	.61	1.22	.94	2.43	1.90
32	1.31	1.15	1.75	1.47	3.26	2.58	.92	.77	1.35	1.10	2.66	2.06	.85	.70	1.27	1.02	2.58	1.99	.79	.63	1.24	.99	2.55	1.96
33	1.31	1.17	1.79	1.50	3.45	2.65	.92	.80	1.37	1.14	2.82	2.13	.85	.72	1.30	1.07	2.74	2.05	.79	.64	1.27	1.04	2.71	2.02
34	1.31	1.19	1.82	1.57	3.64	2.77	.92	.82	1.41	1.19	2.98	2.22	.85	.74	1.33	1.11	2.91	2.15	.79	.68	1.30	1.08	2.88	2.12
35	1.31	1.23	1.87	1.65	3.85	2.90	.92	.84	1.45	1.26	3.14	2.35	.85	.77	1.38	1.18	3.09	2.27	.79	.70	1.35	1.15	3.06	2.24
36	1.36	1.26	1.93	1.72	4.04	3.11	.96	.87	1.51	1.33	3.34	2.52	.88	.79	1.43	1.25	3.26	2.45	.83	.74	1.40	1.22	3.23	2.42
37	1.44	1.28	2.02	1.80	4.24	3.35	.99	.90	1.58	1.38	3.51	2.74	.92	.82	1.50	1.31	3.43	2.66	.86	.76	1.47	1.28	3.40	2.63
38	1.55	1.33	2.23	1.88	4.48	3.64	1.05	.94	1.66	1.46	3.72	2.98	.97	.86	1.58	1.39	3.64	2.91	.92	.79	1.55	1.36	3.61	2.88
39	1.66	1.38	2.40	2.00	4.77	3.93	1.12	.98	1.76	1.56	3.97	3.24	1.04	.90	1.69	1.48	3.89	3.16	.99	.84	1.66	1.45	3.86	3.13
40	1.80	1.43	2.40	2.10	5.17	4.22	1.21	1.04	1.90	1.66	4.32	3.49	1.13	.96	1.82	1.58	4.24	3.41	1.08	.90	1.79	1.55	4.21	3.38
41	1.94	1.51	2.58	2.23	5.71	4.50	1.33	1.11	2.07	1.75	4.79	3.74	1.25	1.03	2.00	1.68	4.71	3.66	1.20	.97	1.97	1.64	4.68	3.63
42	2.12	1.61	2.84	2.34	6.38	4.80	1.46	1.20	2.29	1.87	5.36	3.99	1.39	1.12	2.22	1.79	5.29	3.92	1.33	1.05	2.19	1.76	5.26	3.89
43	2.33	1.72	3.12	2.49	7.11	5.09	1.61	1.29	2.55	1.99	6.01	4.25	1.54	1.22	2.47	1.92	5.93	4.17	1.50	1.14	2.44	1.89	5.90	4.14
44	2.53	1.85	3.41	2.65	7.91	5.43	1.79	1.41	2.79	2.13	6.70	4.55	1.71	1.33	2.71	2.05	6.62	4.47	1.67	1.23	2.68	2.02	6.59	4.44
45	2.73	1.97	3.72	2.84	8.70	5.80	1.96	1.52	3.06	2.29	7.39	4.87	1.88	1.45	2.99	2.22	7.31	4.79	1.84	1.33	2.96	2.19	7.28	4.76
46	2.94	2.11	4.01	3.05	9.49	6.22	2.14	1.65	3.30	2.48	8.08	5.22	2.07	1.57	3.23	2.40	8.00	5.15	2.02	1.44	3.21	2.37	7.97	5.12
47	3.15	2.26	4.30	3.31	10.32	6.67	2.35	1.79	3.56	2.69	8.80	5.62	2.27	1.71	3.48	2.62	8.72	5.54	2.23	1.54	3.45	2.59	8.69	5.51
48	3.35	2.42	4.58	3.57	11.20	7.15	2.57	1.95	3.82	2.94	9.56	6.04	2.49	1.87	3.75	2.86	9.48	5.96	2.45	1.64	3.71	2.83	9.45	5.93
49	3.61	2.59	4.97	3.86	12.13	7.68	2.80	2.11	4.16	3.18	10.37	6.50	2.72	2.03	4.08	3.10	10.29	6.42	2.68	1.78	4.05	3.07	10.26	6.39
50	3.93	2.79	5.46	4.16	13.11	8.23	3.04	2.29	4.57	3.44	11.22	6.97	2.96	2.22	4.49	3.37	11.14	6.90	2.92	1.94	4.46	3.34	11.11	6.87
51	4.30	3.01	6.07	4.45	14.15	8.79	3.28	2.49	5.11	3.68	12.12	7.47	3.20	2.41	5.03	3.61	12.05	7.39	3.16	2.14	5.00	3.58	12.02	7.36
52	4.72	3.24	6.79	4.73	15.29	9.40	3.51	2.68	5.73	3.94	13.11	8.00	3.43	2.61	5.65	3.86	13.04	7.92	3.39	2.37	5.62	3.83	13.01	7.89
53	5.20	3.49	7.63	5.06	16.46	10.05	3.78	2.90	6.46	4.21	14.14	8.56	3.70	2.83	6.38	4.14	14.06	8.48	3.66	2.62	6.35	4.11	14.03	8.45
54	5.77	3.78	8.53	5.47	17.71	10.74	4.11	3.15	7.24	4.57	15.22	9.16	4.03	3.08	7.16	4.49	15.14	9.08	3.99	2.91	7.13	4.46	15.11	9.05

**M** = Male Rates      **F** = Female Rates

**Important Rate Information:**

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the option chosen.

Only non-smokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other non-smokers may qualify for "Select" or "Standard" rates. Smokers qualify for "Standard" rates only. Upon approval of your application, you will be notified of the rate classification for each approved person.

The current annual premium for all children is \$8.16 for \$10,000 (maximum) of coverage each.

The premium contributions shown reflect the current rates and benefit structure and are payable semiannually or via monthly Pre-Authorized Check Payment Plan. Send no money now—you will be billed for the appropriate premium upon approval of your application.

Premiums are guaranteed to remain level for the first 20 years of coverage. At the end of the 20-year period, you may elect to reapply (if under 65) for a subsequent 20-year term based on your then current age, health, and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse is not approved—or you do not apply for 20-year level term rates—coverage will continue in force on a non-guaranteed rate basis, and which rates increase as you age. Please call the Plan Administrator, Pearl Insurance, at 1.800.650.ASCE (2723) for details.

Montana residents: Male rates apply to everyone regardless of gender.

**Ownership of Insurance:** “Owner” means the person or entity with rights of ownership of this insurance as described in the Certificate of Insurance. If a transfer of ownership has been recorded by or on behalf of New York Life Insurance Company, or initial ownership is by other than the member, according to the information provided in the application, references throughout this Plan Information to “you” or “member” will mean “owner”, as applicable.

### 30-Day Free Look

When you become insured, you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your certificate, you may return it without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

**You Name Your Beneficiary:** Your beneficiary is the person(s) last designated by you in writing, and recorded by or on behalf of New York Life Insurance Company. You are the automatic beneficiary for dependent insurance, as described in the Certificate of Insurance. If you wish to name a different beneficiary for spouse coverage, contact the Plan Administrator, Pearl Insurance, at 1.800.650.ASCE (2723) for the appropriate form.

**Effective Date:** Insurance will take effect on the date your application is approved, provided the initial premium contribution is paid within 31 days after you are billed and any person to be insured is performing the normal activities of a person in good health of like age on the date of approval. (Residents of Maryland and North Carolina: Any reference to “performing normal activities of a person in good health of like age” is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application.) Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.

**When Coverage Ends:** Coverage will end when the insured member or spouse reaches age 75 (23 for children or 25 if a full-time student) or earlier if: (a) the premiums are not paid when due, (b) ASCE membership ends, (c) the group plan is terminated or modified by the Policyholder to end insurance for the group of insureds to which the member belongs, and (d) if the insured requests to terminate insurance. In addition, dependent coverage will terminate when the dependent spouse or child ceases to be an eligible dependent.

**Renewal Payments and Claims:** Once you are accepted into the Plan, you will have a 31-day grace period for your payment of renewal premium contributions. When you want to submit a claim, call the Plan Administrator at 1.800.650.ASCE (2723) for claim forms.

**Certificate of Insurance:** This brochure is only a brief description of the principal provisions and features of the ASCE Group 20-Year Level Term Life Plan. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the ASCE Life Insurance Plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Plan.

### How to Apply:

Before you request coverage, you must be a member in good standing with ASCE. Please wait until your application for ASCE membership is accepted before initiating your insurance requests. Download the application for the insurance product you are requesting. You may fax your completed and signed application toll-free to 1.866.817.9009 or send it via mail to:

**ASCE Member Insurance Program**  
1200 East Glen Avenue  
Peoria Heights, IL 61616-5348

*For residents of Puerto Rico, completed applications should be sent to:*

**Global Insurance Agency**  
P.O. Box 9023918  
San Juan, Puerto Rico, 00902-3918

### IMPORTANT INFORMATION FROM NEW YORK LIFE INSURANCE COMPANY:

This Plan is medically underwritten based on the information provided by you on the application. It is important that you complete the form truthfully and completely. Your request is subject to New York Life Insurance Company’s approval, and more medical information may be requested.

A physical exam, EKG, blood test or other information may be required. If so, we will arrange for a professional paramedic to contact you to perform these simple tests at your convenience, free of charge. The shorter application works in conjunction with a “tele-underwriter.” The service provider that contacts you will take your personal health information confidentially over the phone while you’re at home or at the office. If needed, your provider will make arrangements for any medical requirements with you during this call. New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your request form may be used as the basis for rescinding your insurance.

### Important Notice:

#### HOW NEW YORK LIFE UNDERWRITES YOUR REQUEST FOR GROUP 20-YEAR LEVEL TERM LIFE 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 which you have applied for insurance and MIB Inc., (Formerly known as Medical Information Bureau). MIB and 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 applications 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 for insurance, 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, MIB, other insurance companies, 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.

ASCE Group 20-year Level Term Life Insurance Plan is underwritten by the New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 under policy form GMR-G-29253-0/FACE.

ASCE incurs certain administrative expenses in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for such expenses.

This brochure is intended to describe only principle features of the ASCE Group 20-year Level Term Life Insurance Plan and is not a contract.

MIB is a nonprofit organization of life insurance companies which operates an information exchange on behalf of its members. When you apply for insurance or submit a claim for benefits to a MIB member company, medical or non-medical information may be given to the Bureau, which may then be furnished to member companies.

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 non-medical 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 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 or TTY (866) 346-3642 for the hearing impaired. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for consumers about MIB, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com).

For NM Residents: PROTECTED PERSONS 1) have a right of access to certain CONFIDENTIAL ABUSE INFORMATION 2) 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.

<sup>1</sup> 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.

<sup>2</sup> 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 of 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 02/09

Underwritten by:



51 Madison Avenue  
New York, NY 10010

Brokered and Administered by:



1200 E. Glen Avenue  
Peoria Heights, IL 61616-5348

License:  
CA# 0F76076, AR# 1322