

SENSIBLE. AFFORDABLE. RELIABLE.

## Why Purchase Disability Income Insurance Through the ASCE?

With ASCE Group Disability Income Insurance, you'll have access to the following benefits if you become Totally Disabled:

- Choose from two plan options: Career Plan and Five-Year Plan
- Your choice of monthly benefit (from \$150 to \$7,500 per month)
- Your choice of waiting period (30, 90, 180, or 365 days)
- Spouse Benefit available (not available to NH residents)
- Premium payments waived while receiving Total Disability Benefits
- Benefits for recurring disability
- Partial Disability Benefit
- Rehabilitation Benefit
- Survivor Benefit
- Organ Transplant Benefit

## How Much Coverage Can I Apply For?

If you're an ASCE member, under age 70, a resident of the United States (excluding NC, VT, WA, and territories), at FULL-TIME WORK\*, with a gross annual income of \$20,000, you're eligible to apply for Monthly Benefits of \$150 to \$7,500 (in units of \$150) in ASCE Disability Income Insurance. The option you choose, together with any other disability income insurance you may have, cannot exceed 60% of your GROSS MONTHLY EARNED INCOME\*\*.

If you apply for or are covered under ASCE Group Disability Income Insurance, you may request coverage for your lawful spouse who is under age 60, not insured as a member, and actively performing the normal activities of a person in good health of like age with the same resident requirements as for members. Your spouse can be working for you or someone else or be a homemaker. You, the member, must be insured for a minimum of \$600 a month for your spouse to be eligible. Coverage for your spouse can provide \$500 per month, payable up to two years, with a 30-day elimination (waiting) period. The Spouse Benefit is not available to residents of NH.

\* FULL-TIME WORK means the active performance of the regular duties of your normal occupation for pay or profit on the basis of at least 30 hours per week at the place such duties are performed.

\*\*GROSS MONTHLY EARNED INCOME means 1/12<sup>th</sup> of your wages, salaries, commissions, fees, and other amounts received for personal services—before deduction of income or social insurance taxes and after deduction of the normal business expenses which are deductible for income tax purposes—for the immediately preceding 12-month period. It does not

include income from interest, dividends, rent, royalties, annuities, other insurance, or other unearned income.

**Note:** On the premium due date on or immediately after reaching age 65, benefits in excess of \$3,750 per month will reduce to \$3,750, and on the premium due date on or immediately after reaching age 70, benefits in excess of \$1,800 per month will reduce to \$1,800.

**Important Notice for Self-Employed Members:** Please be advised that if you are applying for this Plan and you have been self-employed for less than one year, coverage is limited to a \$1,050 Monthly Benefit Option, with a 90-day waiting period under the Five-Year Plan. If you have any questions, please contact the Plan Administrator, Pearl Insurance, at 1.800.650.ASCE (2723).

## How Do These Plans Work?

Both the Career Plan and the Five-Year Plan pay monthly benefits of \$150 to \$7,500 (in \$150 units) when you're Totally Disabled—prevented by illness or injury from performing the material and substantial duties of your usual occupation, provided you are not otherwise working for pay or profit. Benefits begin at the end of the waiting period, provided you are Totally Disabled.

**Career Plan:** If you are Totally Disabled before age 63, benefits are payable up to age 65. There is a two-year maximum benefit for Total Disabilities starting at ages 63 through 74.

**Five-Year Plan:** Benefits are payable up to five years for Total Disabilities starting before age 60. For Total Disabilities starting at ages 60 through 62, benefits may continue up to age 65. For Total Disabilities starting at ages 63 through 74, benefits may continue for up to two years.

**Waiting Periods:** You also have a choice of four waiting periods before benefit payments begin—30, 90, 180, and 365 days. A waiting period is the number of consecutive days that you must be Totally Disabled before benefits commence. You should choose one that will provide benefits when your employer-provided salary continuation plan runs out. Coverage with a longer waiting period is less expensive.

**Note:** Benefits for disabilities due to Mental Disorders or Chemical Dependency are limited to a maximum of 24 months, regardless of Plan choice.

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## What Do These Features Provide?

*Note: Benefits for Rehabilitation, Partial Disability, Specific Indemnities and Non-Disabling Injuries Due to Accident, Transplants, and Survivor Benefits will NOT apply to Spouse coverage. Waiver of Premium only applies when member premium contributions are waived.*

**Waiver of Premium:** After you have been Totally Disabled for six consecutive months and you begin to receive benefits for Total Disability, all future premium contributions under the Plan will be waived for as long as you receive benefits for that disability. Waiver of Premium for Spouse coverage applies only when member premium contributions are waived.

**Benefits for Recurring 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 FULL-TIME WORK for three consecutive months or more.

**Specific Indemnities and Non-Disabling Injuries Due to Accident:** For specified fractures and dislocations due to an accident, you are guaranteed a minimum payment according to a schedule described in the Certificate of Insurance, regardless of whether or not you're actually disabled.

If you are injured but not disabled, you may receive up to one-fourth of one month's indemnity for doctor's bills and x-ray expenses.

**Rehabilitation Benefit:** This benefit is designed to help certain disabled individuals return to the work force. Under this provision, a professional rehabilitation staff reviews case histories and identifies those individuals who appear to have the greatest likelihood of rehabilitation. Individuals selected by New York Life Insurance Company will be offered the option of participating in a rehabilitation program at no cost to them. Participation is voluntary, and benefits will not be reduced due to participation in the program.

**Partial Disability Benefit:** While you are recovering from a Total Disability, you may be eligible to receive a partial disability benefit even though you return to work. If you return to work immediately following a period of Total Disability for which benefits were payable, you may continue to receive your monthly disability benefit until the earlier of the maximum benefit period payable for Total Disability or 24 monthly payments. However, the amount of your Monthly Benefit Option, together with all other disability income benefits and income you earn that month, cannot exceed 80% of your average GROSS MONTHLY EARNED INCOME for the 12 months before Total Disability started.

**Organ Transplant Benefit:** If you have been insured under the Plan for at least six months and undergo a surgical procedure to donate an organ for transplant, you will be considered Totally Disabled. No waiting period will apply, and benefits will be payable from the first day of Total Disability. However, any

portion of the Monthly Benefit Option which became effective in the six months immediately prior to such organ donation will not be payable for this Total Disability.

**Survivor Benefit:** If you die—from any cause—while receiving benefits for Total Disability, a death benefit equal to three times the Monthly Benefit Option in force on the date of your death will be paid to your surviving relative(s) in the following order of survival: your spouse, or your children, equally; or your brothers and sisters, equally; otherwise, if there is no surviving relative, to the executor or administrator of your estate.

**Effective Date:** You/your spouse will become insured on the date specified by New York Life Insurance Company provided the first premium contribution has been paid, satisfactory evidence of insurability has been submitted, and you are at FULL-TIME WORK. If you are not at FULL-TIME WORK on the approval date, you will not become insured until you are at FULL-TIME WORK, provided such date is within three months of the date insurance would have been effective and you are still eligible. For spouse coverage, member coverage must be in force. If a spouse proposed for insurance is not performing his/her normal activities as required, coverage will not become effective until he/she is performing such activities provided such date is within three months of the date insurance would have been effective and the spouse is still eligible.

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.

*Note: There are instances where the company may be able to offer insurance (at the same premium) by eliminating coverage for a specific impairment or disease.*

**When Coverage Ends:** Once coverage is validly in force, it may be continued to the premium due date on or immediately after you reach age 75, unless you cease FULL-TIME WORK, other than for reasons of disability; cease to be an ASCE member; fail to pay premium contributions when due; enter full-time active duty in the armed forces (coverage may be restored upon termination of Active Duty Status, subject to policy guidelines); or the group plan is modified or terminated by the Trustee or New York Life Insurance Company to end insurance for the group of insureds to which you belong. Spouse coverage will terminate when member coverage ends or, if earlier, at spouse age 65, if premiums are not paid or upon divorce or legal separation.

**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 Disability Income Insurance 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 Disability Income Insurance Plan. When you become

insured, you will be sent a Certificate of Insurance summarizing your benefits under the Plan. In the event of any conflict or inconsistency between the information on this site and the information contained in the underlying plan documents, the plan documents will in all respects control and govern. If any provision is not explained or only partially explained, your rights will always be determined under the provisions of the underlying plan documents. Insurance coverage and availability may differ by state.

## What Is My Cost?

**Quarterly Premium Contributions:** The insurance cost is based on your attained age (spouse age for spouse coverage) when coverage becomes effective and increases on the premium due date on or immediately after the date you/your spouse reach a higher age bracket.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life on any premium due date and on any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. For example, a class of insureds is a group of people with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee under Trust Agreement with the ASCE.

Premium contributions will vary depending on the options and amounts chosen. To find the quarterly insurance cost for benefits in excess of \$150 (one unit) per month, multiply the cost shown at your age, for your choice of benefits, plan, and waiting period, by the number of \$150 units desired. For example: If you are age 44 and choose the Career Plan with a 30-day waiting period and a \$1,050 monthly benefit (7 units), multiply \$6.54 by 7 = \$45.78. This is your quarterly cost.

If you wish to pay annually, the premium is four times the quarterly premium; if you prefer to pay semiannually, the premium is two times the quarterly cost. If you wish to pay monthly with the Electronic Funds Transfer (EFT) Option, divide the quarterly cost by three.

## How to Apply:

Before you request coverage, you must be a member in good standing with ASCE. To apply, please download the application for the product you would like to apply for. You may fax your completed and signed application toll-free to 1.866.817.9009 or send via mail to:

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

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

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

## 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!

## Exclusions and Limitations

The Plan does not provide member or spouse benefits for: any disability that occurs during or is due or related to intentionally self-inflicted injury while sane or insane [MO residents: the exclusion for intentionally self-inflicted injury is not applicable to injury caused by an attempted suicide while insane], declared or undeclared war or any act thereof, military service, or incarceration or participation in an illegal occupation/activity or the commission of a crime, or any disability that is due or related to pregnancy or childbirth (except complications thereof), or any impairment or disease specifically excluded from your coverage.

The Plan limits benefits for disabilities due to Mental Disorders or Chemical Dependencies to a maximum of 24 monthly payments.

No benefits will be paid unless the disability occurs while you are insured under the Plan and you are under the care of a licensed physician or surgeon other than yourself (or member of your immediate family or household) during the period of disability.

Benefits will not be paid for a disability that is classified as or related to a PRE-EXISTING CONDITION for up to two years following the effective date of coverage. A PRE-EXISTING CONDITION is defined as an illness or any condition related to such illness for which a person consults a doctor, receives medical services or supplies, or takes any medication during the 12-month period immediate before the effective date of insurance. If such illness or condition is not fully disclosed on the application for insurance, any impairment restriction, illness, or condition for which the insured has not consulted a doctor, taken medication, or received medical services during the 12-month period following the effective date of coverage or which was fully disclosed on the application for insurance, is not considered a PRE-EXISTING CONDITION.

# GROUP DISABILITY INCOME INSURANCE

## 2012 QUARTERLY PREMIUM RATES PER \$150 MONTHLY BENEFIT

Member's Age	Career Plan	Five-Year Plan
<b>30-DAY WAITING PERIOD</b>		
< 30	\$3.62	\$2.81
30-39	4.16	3.03
40-49	6.54	4.48
50-59	10.37	8.32
60-62*	14.20	13.93
63-69* +	12.75	12.64
70-74* + ‡	21.33	21.33
<b>90-DAY WAITING PERIOD</b>		
< 30	\$2.86	\$1.78
30-39	3.35	1.95
40-49	5.46	3.24
50-59	8.80	6.81
60-62*	11.88	11.56
63-69* +	10.42	10.32
70-74* + ‡	16.85	16.85
<b>180-DAY WAITING PERIOD</b>		
< 30	\$2.43	\$1.41
30-39	2.76	1.51
40-49	4.65	2.65
50-59	7.18	5.51
60-62*	9.67	9.45
63-69* +	7.89	7.78
70-74* + ‡	12.75	12.75
<b>365-DAY WAITING PERIOD</b>		
< 30	\$2.11	\$1.19
30-39	2.43	1.30
40-49	4.16	2.27
50-59	6.27	4.97
60-62*	8.59	8.37
63-69* +	7.13	7.02
70-74* + ‡	11.56	11.56

\* For disabilities commencing on or after the premium due date on or immediately after reaching ages 60 and 63, the maximum benefit period is reduced as previously described.

+ On the premium due date on or immediately after reaching age 65, benefits in excess of \$3,750 per month will reduce to \$3,750, and on the premium due date on or immediately after reaching age 70, benefits in excess of \$1,800 per month will reduce to \$1,800.

‡ Renewal only at age 70 and after. Coverage terminates at member age 75.

## 2012 QUARTERLY PREMIUM RATE FOR \$500 SPOUSE MONTHLY BENEFIT

Spouse's Age	Rate
<b>MONTHLY BENEFIT OPTION</b>	
< 35	\$16.20
35-39	24.84
40-44	41.04
45-49	60.48
50-54	81.00
55-59	101.52
60-64 <sup>≠</sup>	122.04

<sup>≠</sup> Renewal only starting at age 60. Coverage terminates on the premium due date on or immediately after the spouse reaches age 65.

Note: Premium rates for Monthly Benefits or other modes of payment not shown are exact multiples of the applicable premium rates shown.

### 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 DISABILITY INCOME 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.

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 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

ASCE Group Disability Income Insurance Plan is underwritten by the New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 under policy form GMR-G-12601/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 Disability Income Insurance Plan and is not a contract.

Underwritten by:



51 Madison Avenue  
New York, NY 10010

Brokered and Administered by:

**P E A R L**<sup>®</sup>  
INSURANCE

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

License:  
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