



GROUP 10-YEAR LEVEL TERM LIFE INSURANCE



UNDERWRITTEN BY
New York Life
Insurance Company

GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

Frequently Asked Questions

WHAT EXACTLY DO YOU MEAN BY GROUP 10-YEAR LEVEL TERM?

When you buy level term life insurance, your premiums are guaranteed to remain the same for the entire initial 10-year period or term. Plus, you'll enjoy a level amount of insurance until your coverage ends at age 75. Coverage never reduces due to your age.

After the 10-year term ends, you have two renewal options:

1. You can reapply for a new 10-year term if you are under age 65 and still meet eligibility requirements. If your application is approved, your premium contributions will be based on your age and health status at the time coverage becomes effective and will be guaranteed for the new 10-year term.
2. You can continue your existing coverage until you reach age 75, but on a non-guaranteed basis, with increasing premium contributions as you age. Under this option, you are not required to reapply, and you are not subject to medical underwriting requirements.

Coverage terminates on the policy anniversary following the covered person's 75th birthday.

HOW MUCH COVERAGE IS AVAILABLE?

You are eligible to request a benefit amount from \$50,000 up to \$1,000,000 (in \$25,000 increments). The same benefits are available to your spouse, provided that the amount does not exceed 100% of yours. Each eligible dependent child may be insured for \$5,000 from 6 months of age to 18 years (age 25 if a full-time student) and \$500 from 14 days to under 6 months.

The aggregate coverage amount for all life plans cannot exceed \$1,500,000 for the member and \$1,250,000 for the spouse.

HOW DO I KNOW WHAT RATES I WILL ACTUALLY PAY?

We encourage you to first consider the amount of coverage you actually need. Then, complete your application accordingly. You

will be billed at the premium contribution level (Preferred, Select, or Standard) determined by providing satisfactory evidence of insurability. Non-smokers meeting the highest underwriting standards may qualify for the "Preferred" premium rates. Other non-smokers may qualify for "Select" or "Standard" rates. Smokers only qualify for standard rates. We have provided all the Preferred, Select, and Standard rates for your reference in the enclosed rate sheets.

WHEN DO VOLUME DISCOUNTS APPLY?

Volume discounts are valid when you choose an individual coverage amount of \$100,000 or greater.

WHAT ELSE CAN YOU TELL ME ABOUT NEW YORK LIFE INSURANCE COMPANY?

New York Life is one of the nation's most respected insurers. The Company has the highest possible financial strength ratings currently awarded to any life insurer from all four of the major credit rating agencies: A.M. Best (A++), Fitch Ratings (AAA), Standard & Poor's (AA+) and Moody's Investors Service (Aaa).*

Coverage Details

ELIGIBILITY

All eligible members of the National Society of Professional Engineers (NSPE), under age 65, who are residents of eligible states in the U.S., or Canada (excluding Quebec) may apply. **Ineligible states include:** AK, DE, FL, LA, ME, MT, NC, OH, OR, SD, TX, VT, WA

Your spouse, under age 65, and your unmarried dependent children under age 18 (25 if full-time student) are also eligible for coverage, provided you are currently insured or request coverage in the Group 10-Year Level Term Life Plan.

Canada Residents: Pearl Insurance Group, LLC is acting solely as an administrator with respect to Canadian residents.

*Source: Third Party Ratings Reports as of (8/9/16). A.M. Best (A++), Fitch Ratings (AAA), Standard & Poor's (AA+) and Moody's Investors Service (Aaa). *Source: Third Party Rating Reports (as of 8/9/16).



GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

Coverage Details Continued

UNDERWRITING REQUIREMENTS

Because of the high benefit amounts offered, you may be asked to have a medical examination, submit to a blood test, and/or provide additional health information. Call the Plan Administrator for details. If approved, coverage will be effective as indicated on the enrollment form. New York Life Insurance Company reserves the right to request medical information to determine an applicant's medical eligibility for coverage. Based on the age of the person proposed for insurance and the amount of coverage requested, a physical examination, EKG, blood test, or other information may be required. Not all applicants will have to supply additional information. However, if it is required, New York Life will arrange for an independent professional paramedic to contact you to perform these simple tests at your convenience. The exam and blood test are free of charge.

ACCELERATED DEATH BENEFIT

This benefit is available to help diagnosed as terminally ill (life expectancy of 12 months or less) insureds during a difficult and often financially challenging time. Under this provision, the member may request one advance payment equal to 50% of his or her (or a dependent's) in-force life insurance, up to \$500,000, to be paid while he or she is still alive. The amount of insurance payable after the insured's death will be reduced by any payment made under this benefit, and premiums remain payable. The money can be used in any way you choose—to help cover high prescription drug costs, medical bills, outstanding debts, experimental treatments, or the cost of modifications to your home. To qualify, a diagnosed as terminally ill (life expectancy of 12 months or less) insured must be under age 74 and provide the insurance company with proof of terminal illness and anticipated life expectancy (12 months or less; Illinois residents 24 months), as well as any other medically necessary 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 the appropriate social services agency and seek the advice of tax counsel. The accelerated death benefit is not available to residents of Massachusetts.

BENEFICIARY

You may select any person, persons, trust, or other legal entity as your beneficiary and as your spouse's beneficiary. You are the automatic beneficiary for dependent children's insurance as described in the Certificate of Insurance.



80% of consumers misjudge
the cost of life insurance.

"2015 Insurance Barometer Study Finds Americans Continue to Overestimate Cost of Life Insurance." LIMRA. Web. 14 January 2016.

EXCLUSIONS AND LIMITATIONS

Benefits are paid for death from any cause, at any time, anywhere in the world,* except if relating to suicide within 24 months of coverage approval date. The validity of any amount of your life insurance which has been in force for two years during an insured's lifetime will not be contested except for insurance eligibility provisions and non-payment of premium contributions.

TERMINATION OF COVERAGE

Your Group 10-Year Level Term Life Insurance will continue until you reach age 75, as long as your premiums are paid, you remain a member of the NSPE, and the group policy is not terminated by NSPE. Insurance for your dependents will continue until your spouse reaches age 75 and your dependent children reach age 19 (26 if a full-time student) or marry, respectively, as long as your insurance remains in force (other than by reason of your death), premiums are paid, they do not become insured as members, and your spouse remains your lawful spouse. Coverage on your dependents can continue if you die as described in the Certificate of Insurance.

*This information is written in connection with the promotion or marketing of the matter(s) addressed in this material. The information cannot be used or relied upon for the purpose of avoiding IRS penalties. These materials are not intended to provide tax, accounting, or legal advice. As with all matters of a tax or legal nature, you should consult your own tax or legal counsel for advice.



Protecting Your Priorities and Principles

Coverage Details Continued

CONVERSION OPTION

Your Group 10-Year Level Term Life Insurance coverage may be converted to an individual whole life policy within 31 days of the following occurrences: in accordance with the provisions stated in the certificate of insurance an insured member cancels their membership; reaches the maximum age of the plan; an insured member dies, leaving the insured spouse the right to convert; an insured member divorces, leaving an insured spouse the right to convert; or the Policyholder cancels the policy with New York Life. If the policy terminates, you may convert up to \$10,000. This option must be exercised within 31 days of the time when your coverage terminates because of age, or if the group policy terminates and you have been insured for at least five years. The right to convert does not apply if coverage terminates due to nonpayment of premium, or the member cancels the insurance.

WHEN COVERAGE BECOMES EFFECTIVE FOR MEMBERS AND SPOUSES

Coverage becomes effective on the 1st of the month following the date the application is approved by New York Life and the initial premium deposit is paid within 31 days.

Acceptance into this plan is subject to medical evidence of insurability as determined by New York Life. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

WHEN COVERAGE BECOMES EFFECTIVE FOR EMPLOYEES

Coverage becomes effective on the 1st of the month following the date the application is approved by New York Life, provided the initial premium deposit is paid within 31 days. Actively at work means you are performing all the regular duties of your occupation on a full-time basis (at least 30 hours per week) at your customary place of employment.

30-DAY FREE LOOK

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

DISCLAIMER

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as issued. All benefits are subject to the terms and conditions of the policy. Policies underwritten by New York Life detail exclusions, limitations, reduction of benefits, and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to the insured.

New York Life is licensed/authorized to transact business in all of the 50 United States, the District of Columbia, Puerto Rico and Canada. However, not all group plans it underwrites are available in all jurisdictions. Please check the applicable insurance brochures for current availability. New York Life's state of domicile is New York, and NAIC ID # is 66915.



GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

Current 2018 Annual Premium Rates

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. The quarterly premium for all children is \$6.00 for \$5,000 of coverage.

The premium contributions tables shown reflect the current rate and benefit structure for an initial 10-year term. Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for the 10-year level rates in effect for a subsequent term, which would be determined based on your then-current age, health, and smoking status and be guaranteed for 10 years. If you're not approved for a subsequent 10-year period, coverage will continue in force on a conventional, non-guaranteed rate basis with increasing premiums as the insured ages.

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

Due to Montana regulations, male rates apply to all Montana residents, regardless of a person's sex.

MALE ANNUAL PREMIUMS* PER \$1,000 OF COVERAGE

Issue	\$100,000 - \$249,000			\$250,000 - \$1,000,000		
	Preferred	Select	Standard	Preferred	Select	Standard
23	0.81	0.93	2.39	0.55	0.67	2.08
24-25	0.81	0.93	2.40	0.55	0.67	2.10
26-27	0.81	0.93	2.42	0.55	0.67	2.11
28	0.81	0.93	2.43	0.55	0.67	2.13
29	0.81	0.93	2.45	0.55	0.67	2.15
30-34	0.81	0.93	2.46	0.55	0.67	2.16
35	0.81	0.93	2.54	0.55	0.67	2.24
36	0.82	0.96	2.66	0.56	0.70	2.35
37	0.85	1.00	2.82	0.58	0.73	2.50
38	0.91	1.05	3.01	0.61	0.78	2.69
39	0.95	1.12	3.27	0.64	0.84	2.94
40	1.00	1.17	3.54	0.69	0.91	3.20
41	1.06	1.26	3.87	0.75	0.98	3.52
42	1.13	1.35	4.27	0.84	1.08	3.90
43	1.21	1.45	4.70	0.94	1.17	4.32
44	1.30	1.58	5.19	1.03	1.29	4.78
45	1.42	1.70	5.68	1.14	1.42	5.26
46	1.55	1.86	6.25	1.25	1.56	5.80
47	1.69	2.03	6.87	1.35	1.73	6.41
48	1.83	2.21	7.51	1.46	1.90	7.03
49	2.01	2.40	8.20	1.60	2.08	7.68
50	2.19	2.63	8.87	1.76	2.30	8.33
51	2.39	2.87	9.53	1.94	2.53	8.97
52	2.57	3.12	10.17	2.16	2.78	9.59
53	2.78	3.40	10.85	2.39	3.04	10.24
54	3.03	3.71	11.60	2.66	3.34	10.97
55	3.29	4.04	12.48	2.94	3.66	11.80
56	3.58	4.39	13.45	3.21	4.01	12.73
57	3.87	4.77	14.49	3.51	4.33	13.74
58	4.24	5.19	15.66	3.85	4.75	14.87
59	4.64	5.67	17.03	4.24	5.21	16.19
60	5.11	6.25	18.64	4.69	5.77	17.74
61	5.64	6.91	20.39	5.21	6.42	19.43
62	6.21	7.67	22.30	5.82	7.18	21.26
63	6.90	8.54	24.54	6.49	8.02	23.41
64	7.68	9.52	27.27	7.24	8.98	26.09

*Premiums payable quarterly, semiannually, annually, or via monthly pre-authorized check payment.



Protecting Your Priorities and Principles

GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

Current 2018 Annual Premium Rates

FEMALE ANNUAL PREMIUMS* PER \$1,000 OF COVERAGE

Issue Age	\$100,000 - \$249,000			\$250,000 - \$1,000,000		
	Preferred	Select	Standard	Preferred	Select	Standard
23	0.72	0.84	2.03	0.47	0.57	1.74
24-25	0.72	0.84	2.03	0.47	0.57	1.74
26-27	0.72	0.84	2.03	0.47	0.57	1.74
28	0.72	0.84	2.04	0.47	0.57	1.76
29	0.72	0.84	2.04	0.47	0.57	1.76
30-34	0.72	0.84	2.07	0.47	0.57	1.77
35	0.72	0.84	2.11	0.47	0.57	1.82
36	0.74	0.86	2.22	0.49	0.60	1.93
37	0.78	0.91	2.39	0.52	0.63	2.08
38	0.82	0.95	2.59	0.56	0.67	2.28
39	0.86	1.02	2.82	0.61	0.73	2.50
40	0.92	1.07	3.03	0.66	0.79	2.70
41	0.98	1.16	3.27	0.72	0.87	2.94
42	1.05	1.24	3.51	0.78	0.94	3.17
43	1.13	1.34	3.79	0.86	1.03	3.43
44	1.21	1.44	4.07	0.94	1.12	3.71
45	1.28	1.54	4.38	1.01	1.21	4.01
46	1.37	1.62	4.70	1.09	1.30	4.32
47	1.44	1.72	5.05	1.15	1.39	4.66
48	1.51	1.83	5.43	1.23	1.50	5.01
49	1.61	1.93	5.81	1.31	1.59	5.38
50	1.70	2.07	6.20	1.40	1.71	5.76
51	1.83	2.19	6.60	1.51	1.83	6.14
52	1.97	2.33	7.02	1.65	1.96	6.55
53	2.11	2.47	7.46	1.79	2.10	6.97
54	2.26	2.64	7.89	1.94	2.26	7.38
55	2.43	2.84	8.35	2.10	2.43	7.83
56	2.57	3.03	8.76	2.24	2.61	8.22
57	2.73	3.23	9.15	2.38	2.80	8.59
58	2.87	3.48	9.56	2.53	3.03	9.00
59	3.06	3.73	10.09	2.72	3.27	9.51
60	3.30	4.06	10.80	2.95	3.57	10.19
61	3.61	4.43	11.70	3.26	3.91	11.06
62	3.96	4.84	12.78	3.62	4.30	12.10
63	4.38	5.33	14.01	4.04	4.75	13.27
64	4.84	5.85	15.40	4.47	5.23	14.61

*Premiums payable quarterly, semiannually, annually, or via monthly pre-authorized check payment.



Protecting Your Priorities and Principles

GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

IMPORTANT NOTICE How New York Life Obtains Information and Underwrites Your Request for Group 10-Year Level Term Life Insurance

In this notice, references to “you” and “your” include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify 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 to which you have applied for insurance and MIB, Inc. (“MIB”). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

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 New York Life 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.

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.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. 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.

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 Federal 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. 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 may be obtained on its website at 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.

¹ 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.

² 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.

The NSPE Group 10-Year Level Term Life Insurance Plan is underwritten by the New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 under Group Policy No. G-30222-0 on Policy Form GMR-FACE/ G-30222-0. New York Life Insurance Company, a leading insurance company, is rated A++ by A.M. Best for financial strength (7/15/16).

NSPE 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 NSPE Group 10-Year Level Term Life Insurance Plan and is not a contract.

New York Life Insurance Company

8/12 ed

For more information, or to apply for coverage:

Call the NSPE Plan Administrator at 844.282.2442, or visit nspeinsurance.com. For complete details on this plan, including features, costs, eligibility, renewability, limitations, and exclusions, see the Certificate of Insurance.

Sponsored by:



Underwritten by:



51 Madison Avenue,
New York, NY 10010

Group Policy No. G-30222-0 on form GMR-FACE/G-30222-0. New York Life Insurance Company is rated A++ by A.M. Best for financial strength (8/9/16)

Brokered & Administered by:



PEARL® INSURANCE

1200 E. Glen Ave.
Peoria Heights, IL 61616
pearlinsurance.com

Pearl Insurance solicits insurance on behalf of New York Life and receives compensation, which may vary depending on certain factors, based on the sale of insurance. For additional compensation information, please call Pearl Insurance at 800.438.2366.
License: California Insurance License# 0F76076, AR# 1322, ID #110002

Form SRP-1153 A (HL) (1528)
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