



GROUP DISABILITY INCOME INSURANCE



UNDERWRITTEN BY
New York Life
Insurance Company

Disability Benefits

RESIDUAL DISABILITY BENEFIT

If you return to work after a covered total disability that began before age 65, you may be entitled to a residual disability benefit if:

1. A disability benefit was paid
2. You did not receive benefits for the full maximum period applicable to the disability
3. Your current average earnings after the total disability ends are less than 80% of your pre-disability income
4. You are under the regular care of a physician

The residual disability benefit will be paid for as long as your monthly earnings do not exceed 80 % of your pre-disability income while you're partially disabled, you're eligible for total disability benefits, or until you return to work in a new occupation.

VOCATIONAL REHABILITATION

This feature can pay the expenses of a personalized rehabilitation program, including the cost of retraining, job placement, medical/assessment, and modifications to your practice. The monthly benefit amount we pay will be equal to the insured person's accident and sickness total disability monthly benefit amount, less 50% of any income received from the rehabilitative employment.

WAIVER OF PREMIUM

Your coverage will remain in effect without premium payments after a total disability that begins prior to age 60 and continues for six months. Further premiums due will continue to be waived as long as you remain totally disabled.

SURVIVORSHIP BENEFIT

If you should die on a day for which a total disability benefit is payable, the plan will pay a final benefit equal to three times the monthly benefit.

SPECIFIED INJURIES

The Certificate of Insurance has an extensive list of specific injuries. If an injured person sustains any of the losses, fractures, or dislocations on the list, the total amount payable under the total disability and/residual disability benefits combined as a result of that Injury will be at least an amount equal to the amount that would be payable under the total disability benefit for the number of weeks shown opposite the specified injury in the Certificate of Insurance. If more than one specified injury is sustained due to the same accident, only the benefit for the injury that is provided the most number of weeks will apply. Specified injury means an injury shown in the Certificate of Insurance which: (a) is due to an accident; and (b) occurs while the insured person is covered by this benefit.

For example, the minimum number of weeks that benefits would be payable for an arm fractured between the elbow and shoulder is 12 weeks.

SUCCESSIVE DISABILITIES

Successive or "related" disabilities will be considered as one period of total disability unless separated by 90 days of active, full-time work. In other words, if you go back to work after a covered total disability, your disability benefits can resume with no waiting period if you become disabled again after being back to work for less than three months. If you are back to work for three months or more, you will need to satisfy your waiting period again before your disability benefits can resume. The related disability must result from the same injury or sickness that caused your original disability.

CONCURRENT DISABILITIES

Benefits during any period of disability as the result of: a) more than one sickness; or b) more than one accident; or c) both sickness and accident; will be considered the same as if the disability resulted from only one cause.



Coverage Details

ELIGIBILITY

If you are an NSPE member who is under age 60, actively at work, and a resident of the U.S., you are eligible to apply for this coverage.

Ineligible states include: AK, DE, FL, LA, ME, MD, MO, MT, NV, NH, NC, OH, OR, SD, TX, VT, WA and WY.

Maximum Issue and Participation Limits

You may apply for the amount elected, subject to a minimum of \$200, but not to exceed \$7,500 per month, in \$100 increments. The monthly benefit amount may not exceed 67% of the insured person's pre-disability income.

Disability Defined

"Total disability" means a disability which: a) during the waiting period and the first 60 months that total disability benefits are payable, wholly and continuously prevents an insured person from performing the substantial and material duties of his or her usual occupation; and b) after that, wholly and continuously prevents an insured person from engaging in any and every occupation or employment for which he or she is reasonably suited by training, education, or experience.

Cost of Living Adjustment Benefit

If you have been totally disabled for 12 consecutive months, then we will increase the monthly benefit amount in accordance with the cost of living formula described below. The cost of living adjustment will be made each year on January 1st.

Cost of Living Formula

To determine the cost of living adjustment: determine the lesser of: 6%; 1/2 the % change in the consumer price index; then multiply the monthly benefit amount payable under the accident and sickness total disability benefit by item a) above; and add the resulting amount to the monthly benefit amount.



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Current 2016 Quarterly Premium Rates

CHOICE OF WAITING PERIODS, BEFORE BENEFITS BEGIN (Per \$100 Monthly Benefit)

Apply for up to \$7,500 per month, subject to pre-existing condition limitations. Benefits are not paid for more than 67% of your pre-disability income.

PLAN C - Payable up to 5 years				
Age	30 Days	60 Days	90 Days	180 Days
< 30	\$2.38	\$1.71	\$1.38	\$1.18
30-39	\$3.53	\$2.57	\$2.06	\$1.75
40-44	\$3.86	\$2.84	\$2.28	\$1.93
45-49	\$6.38	\$4.72	\$3.78	\$3.21
50-54	\$10.27	\$7.63	\$6.08	\$5.19
55-59	\$15.28	\$11.57	\$9.18	\$8.27
60-62*	\$16.97	\$12.98	\$10.28	\$9.54
63-64*	\$17.83	\$13.26	\$10.46	\$9.54

*Age 60 and over for renewal only. Disability commencing after age 63 and prior to age 65 is payable for 24 months. Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured person and increase as you enter each new age category.

COLA Option				
Age	30 Days	60 Days	90 Days	180 Days
< 40	\$3.21	\$2.79	\$2.45	\$2.26
40-44	\$4.96	\$4.31	\$3.77	\$3.49
45-49	\$5.84	\$5.04	\$4.34	\$4.10
50-54	\$5.60	\$4.80	\$4.11	\$3.91
55-59	\$5.88	\$4.91	\$4.18	\$3.91
60-62	\$5.90	\$4.92	\$4.19	\$3.92

PLAN D - Payable up to age 65				
Age	30 Days	60 Days	90 Days	180 Days
< 30	\$3.97	\$3.01	\$2.49	\$2.22
30-39	\$5.82	\$4.46	\$3.65	\$3.27
40-44	\$6.20	\$4.80	\$3.89	\$3.51
45-49	\$9.74	\$7.54	\$6.11	\$5.52
50-54	\$15.02	\$11.64	\$9.43	\$8.52
55-59	\$17.69	\$13.62	\$10.84	\$9.99
60-62*	\$16.97	\$12.98	\$10.28	\$9.54
63-64*	\$17.83	\$13.26	\$10.46	\$9.54

*Age 60 and over for renewal only. Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured person and increase as you enter each new age category.



Protecting Your Priorities and Principles

Exclusions and Limitations

GENERAL EXCLUSIONS

This policy does not cover: intentionally self-inflicted injury, suicide, or attempted suicide, while sane or insane; pregnancy or childbirth, except complications of pregnancy; war or act of war, whether declared or not; the commission or attempted commission of a felony by the insured person; sickness contracted or injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority, except for training of two months or less shall not, for the purposes of this exclusion, constitute service in the armed forces of any country.

PRE-EXISTING CONDITIONS LIMITATION

During the first two years of coverage, losses incurred for pre-existing conditions are not covered. A pre-existing condition means any injury or sickness including pregnancy, diagnosed or undiagnosed, for which you have received medical care within the 12-month period prior to your coverage effective date or the date of an increase in coverage. During that time, benefits for all other accidents or illnesses will be paid under the policy provisions. You are urged to consider this limitation before dropping any coverage you may have until the waiting period is over.

MENTAL OR NERVOUS DISORDERS LIMITATION

Mental or nervous disorders means any neurosis, psychoneurosis, psychopathy or psychosis, mental or emotional disease, or disorder of any kind. This includes, but is not limited to bodily malfunction caused by underlying organic disease if symptoms result primarily in a dysfunction of the mind, such as may occur in schizophrenia, bipolar personality disorder, or autism.

This will not include bodily malfunction caused by injury even if some symptoms result in a dysfunction of the mind, such as may occur in traumatic brain injuries.

If you are totally disabled due to mental or nervous disorders, alcoholism, or drug abuse, the maximum payment period will be reduced to two years during your lifetime unless you are confined in a hospital or other institution licensed to provide care and treatment for that disability.

MEDICAL UNDERWRITING DISCLAIMER

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.

DEFINITIONS

Actively at work means the insured person is performing all the regular duties of an occupation for wage or profit on a full-time basis (at least 30 hours per week)

Offset Provisions

"Totally disabled" means disability from an illness or injury which during the waiting period and the first 60 months during which total disability benefits are payable, wholly and continuously prevents an insured person from performing the substantial and material duties of his or her usual occupation; and after that, wholly and continuously prevents an insured person from engaging in any and every occupation or employment for which he or she is reasonably suited by training, education, or experience.

Waiting period means the number of consecutive days at the beginning of a period of total disability which must elapse before benefits are payable.

The waiting period begins on the first day of your total disability; and is satisfied when you have been continuously totally disabled for the number of days shown in the schedule. If you cease to be totally disabled and return to work for a total of 15 days or less during a waiting period, the waiting period will not be interrupted or extended. Except for the 15 days or less that you work, you must be totally disabled by the same condition for the total waiting period.



Exclusions and Limitations Cont.

RENEWAL

This coverage is automatically renewed by paying the renewal premium applicable for your particular age. Coverage will end only if you do not pay this premium within the grace period, reach age 65, cease to be actively engaged full time in your profession, or cease to be a member of the National Society of Professional Engineers.

EFFECTIVE DATE

Coverage becomes effective on the first day of the month following the date New York Life approves your application and the premium is paid.

DEFERRED EFFECTIVE DATE

If on the date you are to become: covered under the policy; or covered for increased benefits under the policy; and you are not actively at work on that date, you will not be so covered until the first day of the month on or next following the date you are actively at work (full-time) for a continuous period of one day.

TERMINATION

Coverage will terminate on the earliest to occur of: a) the date the policy is cancelled; or b) the first of the month on or next following the date you: 1) cease to be an active member of the policyholder; or 2) attain the policy age limit shown in the schedule; or c) the premium due date you fail to pay any required premium, subject to the grace period.

Termination will be without prejudice to any claim which began prior to the effective date of termination.

YOU HAVE A 30 DAY RIGHT TO EXAMINE YOUR CERTIFICATE. IF YOU ARE NOT SATISFIED, YOU MAY RETURN IT TO US WITHIN 30 DAYS OF YOUR EFFECTIVE DATE. IN THAT EVENT, WE WILL CONSIDER IT VOID FROM THE CERTIFICATE EFFECTIVE DATE AND ANY PREMIUM PAID WILL BE REFUNDED. ANY CLAIMS PAID UNDER THE POLICY DURING THE INITIAL 30 DAY PERIOD WILL BE DEDUCTED FROM THE REFUND.



**65% of U.S. consumers
wouldn't be able to pay
their bills if they went 1 year
without a paycheck.**

"Group Disability Insurance." New York Life. Web. 14 January 2016.

DISCLAIMER

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. 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 each insured individual and the master policy issued to the policyholder. This program may vary and may not be available to residents of all states.



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Exclusions and Limitations: Benefits are not payable for any disability that occurs during or is due or related to: 1) intentionally self-inflicted injury while sane or insane (Missouri residents: the exclusion for intentionally self-inflicted injury is not applicable to injury caused by an attempted suicide while insane); 2) 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; 3) pregnancy or childbirth (except complications thereof); or 4) 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 immediately 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 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.

Important Notice: How New York Life Obtains Information and Underwrites Your Request for Group Disability Income 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, 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 (TTY 866 346-3642). 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 PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² 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 Disability Income Insurance Plan is underwritten by the New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 under Group Policy No. G-30226-0. New York Life Insurance Company, a leading insurance company, is rated A++ by A.M. Best for financial strength (12/12).

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 Disability Income Insurance Plan and is not a contract.

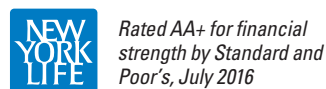
New York Life Insurance Company

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Sponsored by:



Underwritten by:



51 Madison Avenue, New York, NY 10010
Under policy form GMR/G-30226-0/FACE. New York Life Insurance Company, a leading insurance company, is rated A++ by A.M. Best for financial strength (6/4/2014).

Brokered & Administered by:



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.

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