GROUP DISABILITY INCOME INSURANCE FOR DENTISTS
PLAN DETAILS

Underwritten by New York Life Insurance Company

Administered by:
THE HILB GROUP OF NEW YORK, LLC
PO Box 5671, Bay Shore, NY 11706
(800)-556-1700 | Fax: (631)-665-2448
info@eaijjj.com | www.eaijjj.com

WHEN BENEFITS BEGIN*

Disability benefits may be paid during a covered disability up to these limits, for disabilities commencing by:

PLAN: 5 YEAR		PLAN: 10 YEAR		PLAN: TO AGE 67	
Prior to age 60	60 months	Prior to age 55	120 months	Prior to age 60	To age 67
On or after age 60, but prior to age 63	To age 65	On or after age 55, but prior to age 63	To age 65	On or after age 60, but prior to age 63	To age 65
On or after age 63, but prior to age 70	24 months	On or after age 63, but prior to age 70	24 months	On or after age 63, but prior to age 70	24 months
Age 70 and older	12 months	Age 70 and older	12 months	Age 70 and older	12 months

MAXIMUM ISSUE & PARTICIPATION LIMITS

MEMBER'S AGE AT ISSUE	MAXIMUM ISSUE LIMIT	PARTICIPATION LIMIT**
Before age 63	Up to $10,000 monthly benefit	$25,000 monthly benefit

DISABILITY INCOME OVER-INSURANCE

New York Life Insurance Company limits the amount of disability income benefits it will approve, based on your age, earnings, Social Security eligibility, and all other disability insurance you may have and intend to continue. When applying for disability income insurance, you should limit the amount requested to 60% of net income (before taxes), less other disability benefits you would be eligible to receive from Social Security, and all other disability insurance in force.

TOTAL DISABILITY

Total Disability is defined as an incapacity from a covered INJURY, SICKNESS or ORGAN DONATION that completely and continuously prevents the insured member from doing the material and substantial duties of his or her "Regular Occupation".

"Regular Occupation" means the occupation(s) in which an insured member is gainfully employed during the 12 months prior to the time he or she became disabled. If an insured member has limited his or her occupation to the performance of the material and substantial duties of a single medical or dental specialty, that specialty will be deemed to be his or her occupation.

RESIDUAL BENEFITS

A Covered Residual Disability is an incapacity from an INJURY, SICKNESS or ORGAN DONATION that:

1. Occurs when an insured member returns to work following the waiting period;
2. Occurs after the insured member received Covered Total Disability benefits for the same INJURY, SICKNESS or ORGAN DONATION for which claim for Covered Residual Disability benefits is made;
3. Occurs before the insured member received Covered Disability benefits for the Maximum Benefit Period for his or her Covered Total Disability; and
4. Results in a Loss of Earnings Ratio of 20% as described in the Covered Residual Disability subsection in the What Benefit Is Payable section.

The Residual Benefit is a percentage of your total disability benefit equal to the percentage reduction of monthly earnings. For every month that the percentage reduction is 80% or more, the plan will pay the full total disability benefit.

The Residual Benefit will be paid for as long as the total disability benefit would have been paid if the underlying total disability had continued, or until you go for 6 consecutive months without qualifying for Residual Benefits, if this is sooner. Your pre-disability income is your average net monthly earnings for the 12 or 24 months prior to onset of total disability, whichever is higher.

COST OF LIVING ADJUSTMENT OPTION (COLA)

If this option is elected and approved by New York Life, the Monthly Benefit payable for a Covered Disability may be adjusted annually to reflect changes in the cost of living based on the CPI-U. Years are measured from the start of the waiting period. In the first year, no adjustment will be made. Adjustments may be made to the monthly benefit paid in the second and each succeeding year.

*The Maximum Benefit Period for all Covered Disabilities which are due to or related to Mental Disorders and/or Chemical Dependency cannot exceed the lesser of: (a) 24 months; or (b) the Maximum Benefit Period for a Covered Total Disability. | ** Including other disability income insurance in force.

WHEN COVERAGE BECOMES EFFECTIVE

Dental Society members in New York under age 63 who are actively working full-time (at least 30 hours per week) are eligible to become an insured member, subject to providing satisfactory evidence of insurability and pay the required premium. If approved for coverage, insurance will take effect on the first of the month, on or following the date your coverage is approved by New York Life provided the initial premium deposit is paid within 31 days of that date. You must be performing the normal activities of a person in good health of like age on the date of approval.

WHEN COVERAGE ENDS

New York Life cannot change benefits, terminate coverage, or change premiums on an individual basis; it may do so on a class-wide basis upon agreement with New York Life and the Trustees of The National Professional Insurance Trust. A class is a group of people with the same age or gender. While the group policy continues in force, you may renew your coverage until any age, but coverage will terminate earlier if the policy has less than ten insured members, or if you cease active full-time work (at least 30 hours per week) before that time. New York Life may terminate the policy, on any premium the date the insured member is no longer at full-time work or has retired; or the later of: (a) the date stated in the insured member's written request to end the insurance; or (b) the date New York Life receives the insured member's written request to end the insurance; or the last day of the grace period that follows the end of the insurance period for which the last premium has been paid for the insured member. Written notice to the policyholder will be given at least 31 days in advance. You must continue to pay your premium when due to renew your coverage.

SEMI-ANNUAL PREMIUMS PER $1,000 OF MONTHLY BENEFIT TOTAL & RESIDUAL DISABILITY

90 DAY WAITING PERIOD

ATTAINED AGES	PLAN TYPE 5 YEARS	10 YEARS	TO AGE 67	OPTION COLA
< 30	$57.50	$69.70	$95.83	$6.00
30-34	$84.35	$102.25	$140.59	$10.38
35-39	$104.94	$127.20	$174.89	$10.38
40-44	$130.61	$158.32	$217.69	$25.14
45-49	$151.65	$183.82	$252.76	$25.14
50-54	$201.18	$243.86	$335.30	$44.08
55-59	$275.06	$378.21	$378.21	$44.08
60+	$540.04	$540.04	$540.04	$25.72

180 DAY WAITING PERIOD

ATTAINED AGES	PLAN TYPE 5 YEARS	10 YEARS	TO AGE 67	OPTION COLA
< 30	$48.71	$60.89	$89.30	$6.00
30-34	$71.04	$88.80	$130.24	$10.38
35-39	$88.57	$110.71	$162.37	$10.38
40-44	$110.31	$137.88	$202.23	$25.14
45-49	$128.30	$160.38	$235.22	$25.14
50-54	$169.35	$211.69	$310.47	$44.08
55-59	$245.63	$350.11	$350.11	$44.08
60+	$477.74	$477.74	$477.74	$25.72

360 DAY WAITING PERIOD

ATTAINED AGES	PLAN TYPE 5 YEARS	10 YEARS	TO AGE 67	OPTION COLA
< 30	$34.61	$43.27	$63.46	$6.00
30-34	$50.49	$63.11	$92.56	$10.38
35-39	$66.18	$82.72	$121.32	$10.38
40-44	$80.18	$100.23	$147.00	$25.14
45-49	$96.85	$121.06	$177.56	$25.14
50-54	$125.70	$167.70	$230.45	$44.08
55-59	$183.15	$268.62	$268.62	$44.08
60+	$341.76	$341.76	$341.76	$25.72

Please note: Your premiums are based on your attained age each March 1st and increase as you enter a new attained age bracket (e.g. <30,30,35,40,45,50,55,60+). New York Life reserves the right to change premiums on a class-wide basis. Rates current as of November 1, 2014. Premiums for this plan can be payable semi-annually or annually.

WAIVER OF PREMIUM

New York Life will waive the payment of the premium on an insured member, if such insured member suffers a covered total disability and receives covered total disability benefits for six consecutive months.

IMPORTANT INFORMATION: PLEASE READ. COMPENSATION AND OTHER DISCLOSURE INFORMATION

The National Professional Insurance Trust (NPIT) Program is administered by The Hilb Group of New York, LLC. Coverage may vary by state. A complete description of coverage is contained in the Certificate of Insurance, including features, costs, eligibility, renewability, limitations, and exclusions. The Insurance Program is underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under Group Policy G-29511-0.

This brochure provides a general description of the insurance plan offered and is not a contract. In order to maintain the valuable membership benefits, some member organizations of the NPIT may be reimbursed for the costs of providing oversight and administration of this program.

EXCLUSIONS & LIMITATIONS

Benefits will not be paid for injuries that result from a pre-existing condition; participation in a crime, illegal activity, or illegal occupation; result of military service or occurs during, due to, or related to war or an act of war; self-inflicted injury; or disabilities or period of disability that do not require a physician's regular care, from a physician other than the insured member or a member of their immediate family.

Pre-Existing Condition: an injury or sickness or any related condition for which a person consults a doctor, receives medical services or supplies, or takes any medication for during the 12 months period immediately before the effective date of insurance.

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info@eaijjj.com | www.eaijjj.com

Underwritten by:
New York Life Insurance Co.
51 Madison Avenue, New York, NY 10010
(NAIC: 66915)
On Policy Form G-29511-0/GMR-FACE

Group Disability Insurance Application

PRINT OR TYPE ALL ANSWERS IN INK

Request for Group Insurance From New York Life Insurance Company 51 Madison Avenue • New York, NY 10010	Policy G-29511-0 (DI)	CERTIFICATE # (for office use only)
	SOCIAL SECURITY NO.	

MEMBER'S FULL NAME	DATE OF BIRTH / /	❒ MALE ❒ FEMALE	HEIGHT FT. IN.	WEIGHT LBS.
BILLING ADDRESS				

CITY	STATE	ZIP CODE	HOME PHONE
OFFICE PHONE	FAX NUMBER	E-MAIL ADDRESS	

Name of Organization to which you belong: _____

What is your occupation?_____ Main Duties _____

"FULL TIME WORK" means actively performing the regular duties of your normal occupation for pay or profit on the basis of at least 30 hours per week. Are you at FULL TIME WORK? ❒ Yes ❒ No

Gross Annual Income from: Salary $_____ Self-Employment $_____(start date _____)

Bonus $_____ Commissions $ _____ **Total $**_____

Do you intend to reside outside the U.S. in the next 12 months? ❒ Yes ❒ No

If yes, Country _____How Long?_____

I HEREBY APPLY FOR THE COVERAGE CHECKED, BASED UPON ALL MY STATEMENTS MADE IN THIS APPLICATION: (Refer to brochure or website for eligibility, options and coverage descriptions)

NOTE: If you are increasing or altering present coverage in any way, do not just indicate the additional amount of coverage. Instead, indicate the TOTAL AMOUNT of coverage you are requesting.

☐ **Disability Income Insurance** (G-29511-0) ❒ New Coverage ❒ Additional Coverage

Monthly benefits available up to $10,000 in multiples of $100 $ _____
(not to exceed 60% of your AVERAGE MONTHLY INCOME)

Benefit Period: ❒ To Age 67 ❒ 10 Year ❒ 5 Year **Waiting Period:** ❒ 90 days ❒180 days ❒ 365 days

Optional Rider (Check if desired): ❒ Cost of Living Adjustment

Do you now have or are you now applying for any other insurance which provides benefits if you are unable to work because of disability?

Company	Plan	Monthly Benefit	Benefit Period

Will the coverage applied for with us, If approved, replace any of the above? ❒ Yes ❒ No

If yes, indicate which, and date it will be terminated_____

Return Completed form to the Plan Administrator
Jerome Associates, Endorsed Administrators:
A member of the Hilb Group of New York, LLC
P.O. Box 5671, Bay Shore, NY 11706
Ph: (800)556-1700 Fax: (631)665-2448
(visit www.eaijjj.com)

MEDICAL HISTORY **Please indicate the best place, days and times for a Service Provider to contact you and/or your spouse on behalf of New York Life Insurance Company for Medical History. (choose one from each section)**

Choose one from each section	PLACE	DAY	TIME OF DAY
	❒ Residence ❒ Business ❒ Cell Phone #_____	❒ Weekdays ❒ Weekends	❒ Morning (7:00 – 12:00) ❒ Afternoon (12:00 – 5:00) ❒ Evening (5:00 – 8:00) ❒ Night (8:00-11:00)

RESIDENTS OF NY: Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I request the insurance shown above. To the best of my knowledge and belief: (a) I am eligible for such insurance; and (b) the statements I have made are true and complete. I understand that New York Life has the right to require additional information and, if necessary, an examination by a physician. I ask New York Life to rely on all such statements made on this form, and any supplements to it, while considering this request. I also understand that the coverage afforded will be in consideration of the answers and statements set forth above and that any material misstatements or failures to report information material to the risk may be used as the basis for rescission of my insurance subject to the incontestable period provision of the policy.

AUTHORIZATION: I hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical or medically related facility, laboratory, insurance company, MIB, Inc. ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health to release information, including prescription drug records, maintained by physicians, pharmacy benefit managers, and other sources of information to New York Life Insurance Company, its reinsurers, its subsidiaries, or the plan administrator about the physical and mental health of any persons proposed for insurance, including significant history, findings, diagnosis and treatment, but excluding psychotherapy notes for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. 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.

A photocopy of this AUTHORIZATION and request form shall be as valid as the original. In all circumstances, my authorized agent or representative, or I may request a copy of this AUTHORIZATION. The AUTHORIZATION may be revoked at any time by sending written notice to New York Life Insurance Company. This AUTHORIZATION may be used for a period of 24 months from the date signed, unless sooner revoked as stated in the IMPORTANT NOTICE.

By signing and dating this application, the member **requests** the insurance indicated; **authorizes** the necessary deductions for the pre-authorized charges from the bank account specified below; and the member and any person proposed for insurance **consent** to authorize the disclosure of information to and from the providers noted above and in the IMPORTANT NOTICE, including making a brief report of my protected health information to MIB; and **attest** to having read the IMPORTANT NOTICE and Fraud Notice indicated above, including how my information is exchanged with MIB, and that to the best of my knowledge and belief, the answers provided to the questions are true and complete.

Signature_____ **Date**_____

Application continued – see following page

BEFORE YOU MAIL THIS APPLICATION

It will greatly speed action on your application if you review it carefully.

Have all questions been answered? Have you provided contact information for the Service Provider to contact you for Medical History? Any corrections or strikeouts must be initialed by the member.

Return Completed form to the Plan Administrator

Jerome Associates, Endorsed Administrators:
A member of the Hilb Group of New York, LLC
P.O. Box 5671, Bay Shore, NY 11706
Ph: (800)556-1700 Fax: (631)665-2448
(visit www.eaijjj.com)

HILB GROUP

Important Notice

How New York Life Obtains Information and Underwrites Your Request for Group 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 (TTY 866 346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenu**e,** 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.

If we can provide the coverage you requested, we will inform you as to when such coverage will be effective. Under no circumstances will coverage be effective prior to this date. Payment of a premium contribution with your application does not mean there is any insurance in force before the effective date is determined by New York Life.

[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.*