

AVMA LIFE Trust

Group Critical Illness Insurance Plan
simplified coverage for not-so-simple events

AVMA | LIFE
Veterinarian Inspired Coverage

Underwritten by



Underwritten by New York Life Insurance Company (NY, NY
10010) on policy form GMR

WE'VE GOT YOU COVERED

A Critical Illness Insurance Plan For Veterinarians

Since 1956, the AVMA LIFE Trust has made available to members like you, coverage you can trust.

This group insurance trust program is tailor-made for veterinarians, by veterinarians. Members of the program are more than just participants – they're in charge.

Nine Trustees, all AVMA Members, and one AVMA Liaison Trustee, supervise the program and its professional operating staff. They give the plan direction, to be sure the benefits are the ones you and your family most desire. The Trustees also act as a Review Board should a member ever experience a problem with the insurance program. You can think of it as having a "Board of Directors" that puts your needs first.

The program is also designed to help save you money on premiums. You'll benefit from the group purchasing power of thousands of veterinarians across the country.

As a self-rated participating program, charges to members are based on the claims experience of AVMA members and their families – no outside groups. When funds exceed expenses, that money is returned to participants in the form of lower costs or improved coverage.

The program is underwritten by New York Life Insurance Company, one of the industry's most respected names.

New York Life Insurance Company (NY, NY 10010), the underwriter, has received the highest possible ratings for financial strength currently awarded to any life insurer by all four major rating agencies, including Moody's Investor Service (Aaa), Standard & Poor's (AA+), Fitch Ratings (AAA), and A.M. Best (A++)*

*Includes Third Party Ratings Reports (as of 8/1/17).

SOME ILLNESSES ARE MORE POWERFUL THAN OTHERS

So are some solutions.

The AVMA LIFE Trust Group Critical Illness Insurance Plan is a cost-effective way to help protect members, and their families, from the financial impact of a specific, life-threatening illness. That's because this plan pays a cash benefit if the insured person is diagnosed with a covered illness or disease. In fact, the plan actually covers up to two separate and distinct Critical Illnesses.

Costs can quickly add up for those facing a Critical Illness. This plan pays benefits directly to the insured member who can use this money to help:

- pay medical bills / offset high deductibles
- replace lost wages
- cover hotel and meal expenses for visiting family
- meet day-to-day expenses
- create a college fund or estate

MOST AVMA MEMBERS ARE ELIGIBLE TO APPLY

If you're an AVMA member under age 65 and reside in the United States, you may apply for Group Critical Illness coverage simply by answering medical questions. PLEASE NOTE: This product may not be available in all states. Please contact the Trust Office for details.

Simplified issue – It's easy to qualify for this plan. All you have to do is answer some medical questions. There are no physical examinations or medical tests.

You can apply for Member Coverage up to \$100,000

Member coverage is available from \$5,000 to \$100,000 in units of \$5,000.

With as much as \$100,000 in coverage available, this plan offers a higher benefit than many other Critical Illness products—as much as \$100,000—if the insured person is diagnosed with a covered illness or disease. In fact, the plan actually covers up to two separate and distinct Critical Illnesses for a maximum benefit of up to \$200,000. The second instance is subject to a 6 month waiting period after diagnosis of the first illness.

No benefit cutbacks – Coverage does not reduce due to age or health status.

Spouse/Domestic Partner Coverage is available up to \$100,000

Coverage for your lawful Spouse/Domestic Partner is available from \$5,000 to \$100,000 in units of \$5,000. Your Spouse's/Domestic Partner's coverage may not exceed your own coverage.

Spouses/domestic partners who are also eligible members can only be covered as an eligible member or eligible spouse/domestic partner but not both.

You can remain fully insured until age 75

Coverage for you and your insured Spouse/Domestic Partner remains in force until age 75 or upon payment of second covered condition, when it ceases, provided you remain an AVMA member and premiums are paid when due.

BENEFIT DETAILS

This plan pays a cash benefit for the following common serious illnesses: (see definitions on next page)

CRITICAL ILLNESS	PERCENTAGE
Cancer	100%
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure	100%
Stroke	100%
Carcinoma in Situ	25%

You may qualify for a benefit for a covered Critical Illness provided the initial diagnosis is made by a physician while insured and following a 30-day waiting period of continuous coverage. Satisfactory proof of such illness must be submitted to New York Life within 90 days of that diagnosis (or as soon as reasonably possible).

Only one benefit is payable for any one Critical Illness; and the insured may receive benefits for no more than two separate and distinct Critical Illnesses, however in the second instance coverage is subject to a 6 month waiting period after the first diagnosis.

The covered person must survive for 15 days following the date of diagnosis of any Critical Illness for benefits to be paid.

DEFINITIONS

Cancer – A disease manifested by the presence of malignant neoplasm characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. “Cancer” does not include: (1) “Carcinoma In Situ” or (2) “Skin Cancer/Pre-Malignant Conditions”(all skin cancer, basal cell carcinomas; squamous cell carcinomas of the skin; premalignant tumor or polyps, premalignant conditions or conditions with malignant potential; a Clark’s Level 1 or 2 melanoma, or Breslow less than 75 mm).

Heart Attack – Death of a portion of the heart muscle as a result of myocardial infarction arising from inadequate blood supply to the relevant area. Evidence of the following must be present: (1) electrocardiographic evidence of a myocardial infarction that occurred after the covered person’s insurance date; and (2) elevated levels of cardiac enzymes above standard laboratory levels of normal. The elevated levels of enzymes must be consistent with a myocardial infarction. Non-ST segment elevation myocardial infarction (NSTEMI) with elevation of tropomin I or T is excluded.

Major Organ Transplant – the actual undergoing as a recipient of a transplant of a human lung, entire heart, liver, small intestine, pancreas, kidney, or bone marrow.

The actual undergoing as a recipient of a transplant of a human lung, entire heart, liver, small intestine, pancreas, kidney or bone marrow. Transplantation means the replacement of the covered person’s malfunctioning organ(s) or tissue from a human donor suitable under generally accepted medical procedures. In order for the covered person’s major organ transplant to be covered under the Policy, the covered person must also be registered by the United Network of Organ Sharing (UNOS). The UNOS donor requirement does not apply to bone marrow transplant.

Renal (Kidney) Failure – End-stage renal disease due to chronic irreversible failure of both kidneys to function, which requires regular peritoneal dialysis, hemodialysis or renal transplantation. The diagnosis of end stage renal failure must be made by a legally qualified physician who is a board certified nephrologist.

Stroke – Any cerebrovascular incident or accident which produces neurological impairment and results in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. The diagnosis must be made by a legally qualified physician board certified as a neurologist. Stroke includes infarction of brain tissue, hemorrhage and embolism from an extracranial source. “Stroke” does not include Transient Ischemic Attacks and attack of Verterbrobasilar Ischemia.

Carcinoma In Situ – The first diagnosis of cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. “Carcinoma In Situ” includes intraductal carcinomas of the breast, lobular carcinoma in situ and Paget’s disease with no associate

tumor. It must be diagnosed pursuant to a pathological diagnosis. It does not include those conditions listed under the Skin Cancer/Pre-Malignant Conditions exclusion (defined later).

EXCLUSIONS/LIMITATIONS

The following are excluded for Critical Illnesses that occur during, are due to or is related to the covered persons:

- **Crime/Illegal Occupation/Illegal Activity** – participation in or incarceration resulting any of The following in a role other than as a victim: (1) the commission of a felony; (2) an illegal occupation or activity; (3) an insurrection; or (4) a riot.
- **Drugs** – use of drugs, intoxicants, narcotics, barbiturates or hallucinogenic agents, unless such use is as prescribed by a doctor or accidentally administered; or legal intoxication.
- **Hazardous Activities** – engaging in the following activities: hang gliding; bungee jumping; parachuting; sail gliding; parakiting; jumping, parachuting or falling from a hot air balloon, whether or not the hot air balloon is motor driven.

The following Exclusions also apply:

- **Incarceration** – A Critical Illness that occurs while the covered person is incarcerated in a state or federal prison or other detention facility.
- **Ischemia** – A Critical Illness does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. “Ischemia” does not include the Critical Illness “Stroke” or “Heart Attack”, as stated in the Benefit Details section.
- **Pre-existing Condition** – A Critical Illness that is classified as a Pre-existing Condition. “Pre-existing Condition” means any condition that was diagnosed or treated by a physician within 12 months prior to the becoming insured under this plan or produced symptoms within 12 months prior to the effective date of coverage that would have caused an ordinarily prudent person to seek medical diagnosis or treatment.
- **Skin Cancer/Pre-Malignant Condition** – A Critical Illness does not include: all skin cancers; basal cell carcinomas; squamous cell carcinomas of the skin; pre-malignant tumors or polyps; pre-malignant conditions or conditions with malignant potential; a Clark’s Level 1 or 2 melanoma, or Breslow less than .75mm. “Skin Cancer/Pre-Malignant Condition” does not include the Critical Illnesses “Cancer” and “Carcinoma In Situ”, as stated in the Critical Illnesses section.
- **Waiting Period** – A Critical Illness that is diagnosed (1) during the 30 day waiting period following the effective date of coverage; and (2) for a second separate and distinct Critical Illness, during the 180 day (6 month) waiting period following the first Critical Illness being diagnosed.

EFFECTIVE DATE OF COVERAGE

In order to become insured, individuals must provide satisfactory evidence of insurability and pay the required premium. Insurance on you and your eligible approved Spouse/Domestic Partner will take effect on the date coverage is approved by New York Life, provided the initial contribution is paid to the AVMA LIFE Trust Office within 31 days of that date and you and your dependent are performing the normal activities of a person in good health of like age on that date.

CONTINUATION OF INSURANCE

New York Life cannot terminate coverage or change benefits or premiums on an individual basis; it may do so only on a class-wide basis. An example of "class" can be a group of people with the same age or gender.

For Members, all insurance terminates:

- when Member fails to pay insurance charges on time
- when Member ceases to be an AVMA Member
- when Member reaches age 75
- upon payment of a second covered condition
- if the Master Policy terminates

All dependent coverage terminates:

- for Spouse upon divorce/or termination of domestic partnership
- upon termination of Member coverage
- upon payment of second covered condition

You will receive a separate Certificate.

Each insured member will receive a Certificate of Insurance evidencing coverage which is provided under Group Policy Form GMR.

30-Day No Obligation "Free-Look"

When you receive your certificate, you will have 30 days to review it. If you are not completely satisfied, you may return it, without claim, marked "cancel". Your coverage will be invalidated and you will receive a full refund of any premium paid - no questions asked.

RATES

GROUP CRITICAL ILLNESS INSURANCE— CURRENT ANNUAL RATES (as of 9/1/2017)

MEMBER \$5,000 to \$100,000 (\$5,000 Units).

SPOUSE/DOMESTIC PARTNER \$5,000 to \$100,000 (\$5,000 Units), but not more than 100% of the amount for the member.

TABLE OF PREMIUM RATES

Annual Rate Per \$1,000 Of Insurance

CONTRIBUTIONS ARE SUBJECT TO INCREASES
BASED UPON THE INSURED MEMBER'S OR
INSURED SPOUSE/DOMESTIC PARTNER'S ADVANCING AGE.

Age	Non-Smoker	Smoker
Under 30	4.96	7.48
30-34	6.82	11.02
35-39	10.07	16.87
40-44	14.38	24.50
45-49	19.46	33.83
50-54	24.54	43.16
55-59	30.38	52.87
60-64	36.23	62.58
65-69*	43.45	73.26
70-74*	52.57	87.32

*Renewal only

Charges shown are for \$1,000 coverage and are based on member's and spouse's age at issue and on each November 1. As you obtain a higher age bracket, charges increase and are based on the rates in effect at that time.

You may pay premium on a monthly (EFT Only), Quarterly, Semi-Annual, or Annual basis. Please note that the billing mode you select will be applicable to all your AVMA LIFE Trust coverages, whether new or existing (except dental).

Future benefits are subject to change by agreement between New York Life and the Trustees. Rates may be changed on any premium due date and on any date which benefits are changed, but may only be done on a class-wide basis.

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IMPORTANT NOTICE

How New York Life Underwrites Your Request for AVMA LIFE Trust Coverage

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 a 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.

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, of the 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.

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.

¹PROTECTED 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.

²CONFIDENTIAL 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

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This material briefly describes the provisions of Master Policy G-14884-6/GMR-FACE issued to the Trustees of the AVMA LIFE Trust. For complete details on your coverage please see your Certificate of Insurance.

Arkansas Insurance License Number 1322
California Insurance License Number 0F76076

This material is not intended for use with residents of NM.

AVMA | LIFE

Veterinarian Inspired Coverage

Broker/Administrator:

AVMA LIFE Trust Program Administrator
Pearl Insurance
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

Underwritten by:

New York Life Insurance Co.
51 Madison Avenue
New York, NY 10010

Claims Administered by:

New York Life Insurance Co.
P.O. Box 8310
Sleepy Hollow, NY 10591

A Membership Service of the American Veterinary Medical Association
AVMA LIFE Trust Program Administrator
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348
1.800.621.6360

www.AVMALife.org

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