AVMA LIFE Trust
Group Disability Income Insurance and Basic Protection Package
WE’VE GOT YOU COVERED
The Disability Insurance That’s Only For Veterinarians
Since 1957, the AVMA LIFE Trust has made available to members like you coverage you can trust.

This 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 program 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 ratings for financial strength currently awarded to any U.S. 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++).*

THE AVMA LIFE DISABILITY INCOME PROGRAM
Long-Term Disability Income Insurance
Protect your greatest asset – your EARNING POWER
If you suddenly could not practice due to a disability, what would happen to your income? How long could your savings last?

We believe Long-Term Disability Income Insurance is the foremost coverage a practicing professional should consider. The Long-Term Disability coverage, combined with our Basic Protection Package helps guard against debt, depleted savings and disruption of your family’s living standard.

Long-Term Disability Highlights
Maximum Benefit Period:
Disability benefits are paid during a covered total or partial residual disability (see definitions) up to the following limits:

<table>
<thead>
<tr>
<th>FOR DISABILITIES BEGINNING**</th>
<th>MONTHLY BENEFITS CONTINUE**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Age 62</td>
<td>Up To Age 70***</td>
</tr>
<tr>
<td>Age 62–63</td>
<td>Up To 5 Years***</td>
</tr>
<tr>
<td>Age 64</td>
<td>Up To 4 Years***</td>
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<tr>
<td>Age 65</td>
<td>Up To 3 Years***</td>
</tr>
<tr>
<td>Age 66</td>
<td>Up To 2 Years</td>
</tr>
<tr>
<td>Age 67–74</td>
<td>Up To 1 Years</td>
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</table>

**Please note that this schedule is only applicable to covered disabilities beginning on November 1, 2019 and later. For benefits pertaining to covered disabilities prior to this date, please refer to the AVMA LIFE policy and certificate for Maximum Benefit Periods.

***Benefits will be limited to a maximum benefit period of 24 months for all disabilities that are the result of psychiatric or psychological disorder and/or substance abuse while insured.

There is a choice of Waiting Periods
The number of days of disability including partial residual disability days (see definitions) needed before benefits become payable are:

• PLAN 2 – 30 days
• PLAN 3 – 90 days
• PLAN 4 – 180 days
• PLAN 5 – 60 days

You can choose your monthly benefit
Long-Term Disability coverage is available in units of $100, with a minimum of $1,000 and a maximum of $12,500. The maximum you can purchase is limited to 60 percent of average earnings (see definition of earnings under “Definition of Terms” section of this brochure) and will also depend on your age (see chart below) and other disability insurance in force which you plan to continue.

*Third Party Rating Reports (as of 10/18/22)
<table>
<thead>
<tr>
<th>AGE</th>
<th>MAXIMUM MONTHLY BENEFIT</th>
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</thead>
<tbody>
<tr>
<td>Before 50</td>
<td>$12,500*</td>
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<tr>
<td>50-54</td>
<td>$9,000*</td>
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<tr>
<td>55-59</td>
<td>$6,000</td>
</tr>
<tr>
<td>60-69</td>
<td>$3,000</td>
</tr>
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</table>

*Please note the maximum monthly benefit payable at age 70 will be reduced to no more than $7,500 whether or not the insured has a current disability claim.

You may also receive a Partial Residual Benefit

If due to a covered injury or sickness you are unable to perform one or more of the material and substantive duties of your occupation, resulting in a loss of pre-disability earnings of at least 25%, you may qualify for a Partial Residual Benefit. For the benefit to be paid, you must satisfy the applicable waiting period.

You may also qualify for the Partial Residual Benefit if, following a period of Covered Total Disability, you resume your practice or enter a new occupation* and your earnings are not what they were before the disability began. You may be able to offset your lower income by receiving a Partial Residual Benefit when the following conditions are met:

- You did not receive the Total Disability Benefit for the full maximum period applicable to the disability; and
- Your current average earnings during the most recent six months after you returned to work are no more than 75% of your pre-disability average earnings (see definition of earnings); and
- The waiting period must be satisfied.

Here’s how your Partial Residual Benefits are calculated

- The Partial Residual Benefit is a percentage of your regular Long-Term Disability Benefit, equal to the percentage reduction of your pre-disability average monthly earnings.

- However, for each month that the percentage reduction is 75% or more of your pre-disability income, the Group Policy will pay the full Disability Benefit.

- Your Partial Residual Benefit may be payable up to the maximum benefit period available for your covered disability, or until your current average monthly earnings exceed 75% of your pre-disability earnings, if this is sooner.

### PARTIAL RESIDUAL BENEFIT EXAMPLES

#### EXAMPLE A

Your last monthly Disability Benefit $2,000

Your pre-disability earnings are reduced by 40% (Multiply $2,000 by .40)

Your Partial Residual Benefit is $800 per month

#### EXAMPLE B

Your last monthly Disability Benefit $4,000

Your pre-disability earnings for one month are reduced by: Because this percentage reduction is 75% or greater, your full Disability Benefit will be paid

Your Partial Residual Benefit for this month $4,000

Rehabilitation costs may be paid

If you are disabled, and you and New York Life agree on a personalized rehabilitation program, the Policy can pay the expenses of retraining, additional education, medical assessment and modifications to your practice facilities and equipment. The workplace modification benefit can be payable for up to the equivalent of six months of benefits if approved by New York Life. Monthly benefits would continue during the rehabilitation program.

There is no waiting period for organ transplant donors

If you should donate an organ, and insurance has been in force for at least six months, benefits will be paid from the first day of the resulting disability.

There is an added terminal Disability Benefit

If you are disabled for at least 30 days, and subsequently die on a day for which a full Disability Benefit is payable, the Policy will pay a final benefit equal to 30 times the benefit for that day.

*and not covered under the Own Occupation Plus Option (detailed on page 4).*
Disability monthly coverage as your earnings grow. Some highlights of this feature include:

- Available only to members under age 50
- You must satisfy New York Life’s insurability requirements at the time you apply for this feature
- Amounts range from $500 to $7,000 per month in $100 units, for Members insured under Plans 2, 3, 4 or 5
- The amount of Purchase Amount applied for may not exceed the amount of Long-Term monthly Disability Income for which the member is insured
- The combination of Future Purchase Option plus Long-Term Disability Income cannot exceed the $12,500 monthly maximum (or $9,000 if age 50*)

You can convert all ... or a portion

Every May 1, after your FPO has been in place for at least 12 months, all or a portion of your FPO can be converted to Long-Term Disability income coverage. The amounts chosen must be in $100 units.

Note: You must have sufficient earned income to for the amount of FPO you convert to a monthly benefit and you cannot exercise your Option if you are disabled on a conversion date.

Here’s how your premiums are determined

- The premium for the Future Purchase Option is based on your age at issue and does not increase as you get older.
- When you convert all or a portion of the Purchase Option, the premium for the converted Long-Term Disability Income coverage is based on your age on the conversion date.
- The Purchase Option premium charge is reduced when an option is exercised, and at age 55 the premium is discontinued as any remaining Options terminate.

OPTION 2: “Own Occupation Plus” Definition of Disability

This option may allow you to receive a portion of your benefits while working at an alternate occupation. Under this definition of disability (for covered disabilities beginning August 1, 2018 and later), full benefits (as opposed to partial residual) can be payable up to the maximum benefit period if your disability prevents you from performing the material and substantial duties of your own occupation, even though you are working in another.

*if your monthly benefit at age 50 exceeds the $9,000 maximum issue limit at age 50, any remaining options will be terminated.

In addition, your new occupation earnings must be at least 25% less than your pre-disability average earnings as a result of the disability to qualify for full benefits (see definition of “earnings”).

To receive benefits under this option, you must also be under the regular care of a physician. Additionally, the “Own Occupation Plus” definition of disability automatically terminates when a member insured for it ceases to be engaged in veterinary medicine.
OPTION 3: Cost Of Living Adjustment (COLA)

Your COLA option has a “catch-up” feature

This option can help minimize the effect of inflation on your future purchasing power. Inflation can seriously undermine the actual value of the Long-Term Disability Benefits you receive. But when you choose this option, your benefits will be adjusted upward as inflation rises (as measured by changes in the Consumer Price Index).

On each anniversary of a continuing disability, your monthly benefit for the next 12 months is adjusted to reflect any changes in the CPI-U during the last 12 months. The maximum yearly increase is 8 percent, and the overall maximum increase for a single disability is 100 percent.

Since the Residual Benefit is based on a percentage of your Long-Term Disability Benefit, it too, will reflect any COLA change.

In a year when the change in the CPI-U is greater than eight percent, a higher percentage of increase will be allowed if a lower rate of inflation applied to an earlier year(s) of disability. The adjusted benefit cannot be greater than the original Disability Benefit increased eight percent a year, compounded annually. When you recover, the monthly benefit for new disabilities will be the originally issued Long-Term Disability Benefit amount.

This option is available separately, but when requested must apply to all Long-Term Disability Income coverage issued.

OPTION 4: Spouse/Domestic Partner Disability Income Coverage

This option lets you apply for a monthly benefit of $500 for your eligible spouse who is under age 65. You, as the member, must have at least $1,000 of Long-Term Disability (LTD) Income coverage in force for your spouse to be eligible.

A spouse, who is a member, can only be insured as a member or a spouse but not both.

Note that in year 4, the “catch-up” feature allowed the full increase to be used, since it does not produce a benefit in excess of the maximum allowed by compounding at eight percent annually. However, in year five, the benefit can only be adjusted as high as the maximum allowable figure.
CURRENT LONG-TERM DISABILITY INCOME – MONTHLY RATES† $1,000 TO $12,500 (IN $100 UNITS)

as of 3/1/2023

PLAN 2 – 30 DAY WAITING PERIOD

<table>
<thead>
<tr>
<th>Member Age At Issue</th>
<th>MONTHLY DISABILITY INCOME Amount</th>
<th>OPTIONAL BENEFITS Each $100 Benefits</th>
<th>Spouse DI ††</th>
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<tbody>
<tr>
<td></td>
<td>Each $100</td>
<td>Future Purchase Option</td>
<td>Cost of Living Adj</td>
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<tr>
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<td>.40</td>
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<tr>
<td>66 &amp; Over</td>
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PLAN 3 – 90 DAY WAITING PERIOD

<table>
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<tr>
<th>Member Age At Issue</th>
<th>MONTHLY DISABILITY INCOME Amount</th>
<th>OPTIONAL BENEFITS Each $100 Benefits</th>
<th>Spouse DI ††</th>
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<tr>
<td></td>
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<td>Future Purchase Option</td>
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</tr>
<tr>
<td>under 31</td>
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<td>.18</td>
<td>.80</td>
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<td>61-65</td>
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<td>66 &amp; Over</td>
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PLAN 4 – 180 DAY WAITING PERIOD

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<th>Member Age At Issue</th>
<th>MONTHLY DISABILITY INCOME Amount</th>
<th>OPTIONAL BENEFITS Each $100 Benefits</th>
<th>Spouse DI ††</th>
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<tr>
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<td>Each $100</td>
<td>Future Purchase Option</td>
<td>Cost of Living Adj</td>
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<td>2.00</td>
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<td>1.00</td>
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<tr>
<td>61-65</td>
<td>5.00</td>
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<td>.40</td>
</tr>
<tr>
<td>66 &amp; Over</td>
<td>7.00</td>
<td>**</td>
<td>*</td>
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PLAN 5 – 60 DAY WAITING PERIOD

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<th>Member Age At Issue</th>
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<th>OPTIONAL BENEFITS Each $100 Benefits</th>
<th>Spouse DI ††</th>
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<tr>
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<td>Future Purchase Option</td>
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<tr>
<td>61-65</td>
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<td>.40</td>
</tr>
<tr>
<td>66 &amp; Over</td>
<td>9.00</td>
<td>**</td>
<td>*</td>
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</table>

NOTE: THE CHARGES SHOWN FOR EACH $100 UNIT OF DISABILITY INCOME AND THE OPTIONAL BENEFITS ARE BASED ON THE MEMBER’S AGE AT TIME THE UNIT IS ISSUED. RENEWAL CHARGES DO NOT INCREASE WITH AGE. THERE IS A 10% SURCHARGE ON THE ABOVE RATES FOR USAGE OF TOBACCO/NICOTINE PRODUCTS.

* No charge for the Cost of Living Adjustment Option after Age 65.

** No charge for Future Purchase Option after age 55 as option expires at age 55.

† NOTE: The insurance company has the right to change rates on a class-wide basis.

† † For Spouse DI, the waiting period is 30 days for all plans. Charges for Spouse DI are based on spouse’s age on effective date of coverage. Charges do not increase with age.
BASIC PROTECTION PACKAGE

The Basic Protection Package is the cornerstone of your AVMA LIFE Trust coverage

This is protection no veterinarian should consider being without. It provides valuable coverage that offers important protection to you, your family, and your standard of living. It has been especially designed to provide basic coverage for all AVMA members, young and old and is designed to be combined with your AVMA LIFE Long-Term Disability Insurance.

In addition to your AVMA LIFE Long-Term Disability Insurance, the Basic Protection Package offers AVMA members a package of three components:

• Decreasing Term Life Insurance
• Accidental Death and Dismemberment Insurance
• Rabies Prophylaxis Benefit

Optional Short-Term Disability Income Insurance is also available. Please see the Short-Term Disability section of this brochure for more information.

COMPONENT 1: Decreasing Term Life Insurance

Protection for younger veterinarians

This component of your AVMA LIFE Basic Protection Package provides term life insurance benefits that are highest in your younger years – the years when your survivors may need them most.

There are no Exclusions

This benefit is payable if you die while insured. There are no exclusions.

You have a Conversion Privilege

If your AVMA membership should end, or if you reach the age of 75, your protection doesn’t have to end. Provided you apply within 31 days, you will be entitled to an individual life insurance policy (without waiver of premium or any special benefit provisions) for up to the amount of the insurance terminating, without regard to physical condition. A limited conversion privilege is also available if the Master Policy should ever terminate, as explained in the Certificate of Insurance you will receive.

COMPONENT 2: Accidental Death and Dismemberment (AD&D) Benefits

Protection against a serious accident

You can help protect yourself against the financial impact of a serious accident. This coverage provides the following benefits:

• $25,000 for accidental loss of life, both hands, both feet, one hand and one foot, sight of both eyes, speech and hearing, one hand or one foot and sight of one eye
• $25,000 for accidental loss of use of both hands
• $12,500 for accidental loss of one hand or one foot or sight of one eye or loss of speech or hearing
• $6,250 for accidental loss of thumb and index finger of either hand

THIS DECREASING TERM LIFE CHART SHOWS THE BENEFIT BASED ON YOUR AGE AT DEATH:

<table>
<thead>
<tr>
<th>Age</th>
<th>Benefit</th>
<th>Age</th>
<th>Benefit</th>
<th>Age</th>
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</table>
BASIC PROTECTION PACKAGE (CONTINUED):
How the AD&D loss is defined
Loss of a hand or foot means severance at or above the wrist or ankle joint; loss of a thumb and index finger means severance at or above the metacarpal-phalangeal joints.
Loss of sight, speech or hearing or use of hands means total and irrecoverable loss.
The loss must occur within 180 days after an accident you sustain while insured.
If you suffer more than one of these losses from the same accident, only the single largest amount shown for any one of your losses will be paid.
Twice the normal benefit will be paid for a loss resulting from riding as a passenger in a public conveyance carrying passengers for hire.

AD&D Exclusions and Limitations
Benefits are not paid for disabilities resulting from:
• war
• military service
• suicide or self-inflicted injury (intentional or while insane)*
• aviation activities except riding as a passenger in an aircraft carrying passengers for hire

COMPONENT 3: Rabies Prophylaxis Benefit
A benefit of special importance to you and your family
This component of your AVMA LIFE Basic Protection Package is included especially for veterinarians and their families – the people most often exposed to the dangers of rabies.
With this coverage, up to $600 will be paid for a series of rabies prophylaxis given to a member or an eligible dependent either before or after exposure.

Current Basic Protection Package Monthly Rate (as of 3/1/23):
A monthly premium of $4.83 covers the cost of the decreasing term life insurance, AD&D, and rabies prophylaxis. You must also purchase (or already be insured for) at least $1,000 of Long-Term monthly Disability Income at the premiums shown on page 6 of this brochure. The total cost of the decreasing term life insurance, AD&D and rabies prophylaxis benefit is the same regardless of which disability plan you select. The costs shown for disability coverage do not include a charge for these coverages.*

*Residents of Missouri: The exclusion for suicide, attempted suicide or self-inflicted injury is not applicable to injuries caused by an attempted suicide while insane.

SHORT-TERM DISABILITY INCOME INSURANCE
A financial bridge at member-only rates
Long-Term Disability Income coverage helps provide protection in the event you’re disabled for an extended period of time. Most disabilities, however, last less than six months. But even a short-term disability can cause a severe financial hardship.
That’s why we also make available Short-Term Disability Income coverage. Two plans, each available at a reasonable cost, can provide benefits during the first six months of a covered disability. If your disability lasts longer, your AVMA LiFE Long-Term Disability Income benefits will apply (if insured), and you may also qualify for Social Security disability benefits.

Benefits start based on the Short-Term plan you select
Both available Short-Term Disability Income plans provide valuable protection.
For Short Term Disability the following provisions apply:
For Plan 1, benefits begin on the 1st day of a disability due to accident and on the 8th consecutive day of a disability due to sickness (or 1st day of hospitalization, if earlier)
For Plan 2, benefits begin after 30 days of disability within a period no longer than 60 days
• Income benefits can be provided through the 6th month of a Covered Total Disability
• Monthly benefits are available from $200 to $5,000 in units of $100
• Partial Residual Disability benefits are not payable under the Short-Term Disability Income coverage
• The Long Term Disability definitions for Disability, Successive Disabilities, and Earnings apply to the Short-Term Disability Income

Covered disabilities resulting from pregnancy*
Under the Short-Term Disability Income coverage, a disability resulting from pregnancy will be considered a covered disability subject to an attending physician’s certification pre- and post-delivery. The maximum benefit period for such a disability will be no more than one month provided you have been insured for 12 consecutive months prior to the onset of the covered disability. Disabilities resulting from complications of pregnancy are not subject to the maximum benefit period indicated above.

*For covered disabilities beginning November 1, 2019 and later.
Exclusions and Limitations for Short-Term Disability Insurance

• All the Long-Term Disability “Exclusions and Limitations” (page 4) apply to this Short-Term Disability;
• routine pregnancy, delivery or related medical condition (except for complications of pregnancy) until you have been continuously insured for 12 months following the new or additional insurance effective date; and
• Preexisting Condition - means a pregnancy, for which a person consults a doctor, receives medical services or supplies or takes any medication within the six-month period immediately before the insurance becomes effective (including complications of pregnancy) until such person has been continuously insured under the Policy for nine months after the effective date for complications of pregnancy, or the 12-month waiting period for disabilities resulting from pregnancy.

OPTIONAL BENEFIT

Optional Benefit Available With Your Short-Term Disability Income Coverage

Option to Extend Maximum Benefit Period for Disabilities Resulting from Pregnancy

Your Short-Term Disability Income coverage provides a maximum benefit period of up to 30 days for disabilities resulting from pregnancy. If this option is elected, the maximum benefit period for maternity disabilities can be extended an additional 30 days (Option 1) or 60 days (Option 2) for a total maximum benefit period of up to 60 days or 90 days, respectively.

Any period of disability resulting from pregnancy must be certified by an attending physician to qualify for benefits. (Note: Disabilities resulting from complications of pregnancy are not subject to these maximum benefit period limits.)

Here is how the option works:

This option is only available at the initial time of application* for Short-Term Disability Income coverage and is subject to the waiting period and monthly benefit amount you are insured for. Once insured for this option, if you:

• elect to cancel the option (and you are under age 46), the underlying Short-Term Disability Income coverage would also terminate, and you would not be eligible for Short-Term Disability Income coverage (including this option) for five years.
• elect to reduce your monthly benefit, you can retain the option, but you will not be eligible to apply to increase your monthly benefit amount for five years.
• elect to increase your monthly benefit, the increase is applicable to the in-force option (if you have not elected the option when initially approved, you cannot add the option at the time of increase).

o Premiums payable for the increased benefit amount will be based on your then attained age (including the option).

o The additional benefit amount will be subject to the 12-month waiting period for disabilities resulting from routine pregnancy.

This option is subject to approval by the insurance carrier and terminates at age 51.
CURRENT SHORT-TERM DISABILITY INCOME MONTHLY RATES*

Benefits continue only during the first six months of a disability.

**$200 to $5,000**

PLAN 1 – 1ST/8TH DAY WAITING PERIOD

<table>
<thead>
<tr>
<th>Member Age at Issue</th>
<th>Short-Term Disability Income Monthly Benefit Amount</th>
<th>OPTION: Extend Maximum Benefit Period for Maternity Disabilities For Each $100 of Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Each $100</td>
<td>Option 1 (additional 30 days)**</td>
</tr>
<tr>
<td>under 31</td>
<td>1.44</td>
<td>2.81</td>
</tr>
<tr>
<td>31-40</td>
<td>1.58</td>
<td>2.81</td>
</tr>
<tr>
<td>41-50</td>
<td>1.92</td>
<td>2.81</td>
</tr>
<tr>
<td>51-60</td>
<td>2.30</td>
<td>***</td>
</tr>
<tr>
<td>61-70</td>
<td>3.26</td>
<td>***</td>
</tr>
</tbody>
</table>

PLAN 2 – 30-DAY WAITING PERIOD

<table>
<thead>
<tr>
<th>Member Age at Issue</th>
<th>Short-Term Disability Income Monthly Benefit Amount</th>
<th>OPTION: Extend Maximum Benefit Period for Maternity Disabilities For Each $100 of Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Each $100</td>
<td>Option 1 (additional 30 days)**</td>
</tr>
<tr>
<td>under 31</td>
<td>0.77</td>
<td>1.62</td>
</tr>
<tr>
<td>31-40</td>
<td>0.91</td>
<td>1.62</td>
</tr>
<tr>
<td>41-50</td>
<td>1.15</td>
<td>1.62</td>
</tr>
<tr>
<td>51-60</td>
<td>1.53</td>
<td>***</td>
</tr>
<tr>
<td>61-70</td>
<td>2.30</td>
<td>***</td>
</tr>
</tbody>
</table>

NOTE: THE CHARGES SHOWN FOR EACH $100 UNIT OF DISABILITY INCOME AND THE OPTIONAL BENEFITS ARE BASED ON THE MEMBER’S AGE AT TIME THE UNIT IS ISSUED. RENEWAL CHARGES DO NOT INCREASE WITH AGE.

*The insurance company has the right to change rates on a class-wide basis.

**The charges for the option are in addition to the premium charges for the underlying Short-Term Disability Income coverage.

***The option terminates at age 51.

You can choose your monthly benefit

Short-Term Disability coverage is available in units of $100, with a minimum of $200 and a maximum of $5,000. The maximum you can purchase is limited to 70 percent of average earnings (see definition of earnings under “Definition of Terms” section of this brochure) and will also depend on your age (see chart below) and other disability insurance in force which you plan to continue, including AVMA LIFE Long-Term Disability.

<table>
<thead>
<tr>
<th>AGE</th>
<th>MAXIMUM MONTHLY BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 55</td>
<td>$5,000</td>
</tr>
<tr>
<td>55-59</td>
<td>3,000</td>
</tr>
<tr>
<td>60-64</td>
<td>1,500</td>
</tr>
</tbody>
</table>
DEFINITION OF TERMS

**Total Disability** means an accidental bodily injury or sickness that disables you so that you are unable to perform the substantial and material duties of your occupation. Separate days of disability may be used to satisfy the waiting period provided they occur within a period not more than twice the waiting period. (However, Plan 1 insureds must satisfy the waiting period with consecutive days of disability.) Throughout the disability you must be under a doctor's care, other than yourself, and not working at a gainful occupation. For the Spouse/Domestic Partner Disability Income Coverage Option, total disability also includes the incapacity for your spouse/domestic partner to perform all the customary household duties of a homemaker.

**Partial Residual Disability** means an accidental bodily injury or sickness that disables you so that you are unable to perform at least one of the material duties of your occupation on a part-time basis or at least one, but not all of these material duties on a full-time basis. In addition there must be a resulting loss of pre-disability earnings of at least 25%. Separate days of partial residual disability may be used to satisfy the waiting period provided they occur within a period not more than twice the waiting period. (However, Plan 1 insureds must satisfy the waiting period with consecutive days of disability.) Throughout the disability you must be under a doctor's care, other than yourself.

**Successive Disabilities** for LTD and Short-Term DI are treated as if they are the same disability unless they are separated by at least 90 days of full-time work.

For Spouse/DP coverage, disabilities are treated as one continuous disability if the disability is due to the same or related causes and is not separated by at least 90 days of continuous activity as a homemaker or an occupation for pay or profit. In addition, if a disability is due to unrelated or different causes, the insured must return to performing the material and substantial duties of a homemaker or an occupation for pay or profit before the disability is considered a new disability.

**Earnings** mean net monthly earnings after business expenses before taxes. If you have incorporated your practice, earnings include the cost to the corporation of your fringe benefits and your share of monthly net profit of the corporation, whether received or not received, based on your share of stock ownership for the preceding 12 months. Income from investments, royalties, etc. or other income for which no service or work is performed is not included in earnings.

**Pre-Disability Earnings** mean your average monthly earnings for the 12 or 24 months, whichever period produces the higher average, prior to the onset of your disability. To help prevent inflation from artificially increasing post-disability earnings, New York Life will increase “pre-disability income” upward to reflect increases in the Consumer Price Index (CPI-U) up to 8 percent, compounded annually.

**Presumed Disability** means you will be presumed to be disabled if you sustain an accidental bodily injury while insured which caused the loss of: both feet, the sight of both eyes; or use of both hands. If you incur a covered total disability due to an illness which caused the total and permanent loss of: use of two limbs; the sight of both eyes; speech; or hearing in both ears.

**Loss of Feet** means they are completely severed through or above the ankle joint. Loss of sight or use of hands means total and permanent loss that cannot be remedied by surgery or other means.

**Pregnancy:** All reference to Pregnancy means Pregnancy, Childbirth or A Related Medical Condition, except for Complications of Pregnancy.

**Complications of Pregnancy means:** 1. any of the following conditions, requiring hospital confinement (when the pregnancy is not terminated) whose diagnosis are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as: acute nephritis, pyelitis of pregnancy, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; 2. an extra-uterine pregnancy; 3. a complication that requires intra-abdominal surgery after termination of pregnancy; 4. a miscarriage; 5. a non-elective caesarean section; 6. an ectopic pregnancy that is terminated; 7. a spontaneous termination of pregnancy that occurs when a viable birth is not possible; 8. placenta previa, placenta abruptio or premature rupture of membranes; 9. pernicious vomiting of pregnancy (hyperemesis gravidarum); and/or 10. toxemia (eclampsia or pre-eclampsia).
COVERAGE DETAILS

Most AVMA members are eligible to apply
You are eligible to apply for the Basic Protection Package, the Long-Term and the Short-Term Disability Income Plans if you:

• Are an AVMA member and resident of the 50 United States, District of Columbia and Puerto Rico.

• Are a SAVMA member attending school on a full-time basis and in their 3rd or 4th year of school (Long-Term Disability Income only) with monthly benefits available up to $3,500 and Future Purchase Option up to $2,000

• Are under age 70 (under age 65 for optional Short-Term Disability Income)

• Regularly and actively working 20 or more hours per week (excludes SAVMA member)

When Your Coverage Becomes Effective
In order to become insured, individuals must provide satisfactory evidence of insurability and pay the required premium. Insurance will take effect on the date your coverage is approved by New York Life, provided:

• the initial contribution is paid to the AVMA LIFE Office within 31 days of that date; and

• you are performing the normal activities of a person in good health of like age and sex on the date of approval.

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.

About 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 insureds with the same age or waiting period. New York Life has agreed not to exercise its right to terminate the Master Policy as long as: (1) AVMA continues to sponsor only the New York Life Program and (2) participation in the program exceeds 10,000 insured members.

Both Long-Term Disability Income coverage and optional Short-Term Disability coverage terminates when a member ceases to be actively at work at least 20 hours a week in a gainful occupation other than as a result of a covered disability. The Basic Protection Package terminates when Long-Term Disability Income coverage terminates.

Additionally, coverage terminates when a member:

• Fails to pay insurance charges on time

• Ceases to be an AVMA member

• Reaches age 75 (age 70 for Short-Term Disability Income and age 51 for Short-Term Disability Income extended maternity option)

• If the Master Policy terminates

Your premium may be waived upon disability
If you become “disabled” before age 65 and remain so for six months, the AVMA LIFE will pay further premiums to continue Disability Income and Basic Protection Package coverages in force when that disability began. Premiums will be paid while you stay disabled and until coverage would otherwise terminate due to your reaching age 75 (age 70 for Short-Term Disability coverage).

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 changed on a class-wide basis. A class can be a group of insureds with the same age, gender, and/or waiting period.
How New York Life Underwrites Your Request for AVMA LIFE 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, LLC (“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, LLC, 500 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-690.

Information for consumers about MIB may be obtained on its website at www.mib.com.