



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

**GROUP LIFE AND DEPENDENT LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT ("AD&D"),
DISABILITY INCOME, PROFESSIONAL OVERHEAD EXPENSE, AND HOSPITAL INDEMNITY
INSURANCE CERTIFICATE ("CERTIFICATE")**

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	DELAWARE

NEW YORK LIFE certifies that, as stated on the When Insurance Takes Effect page(s), a person becomes a COVERED PERSON on the EFFECTIVE DATE stated on the Individual Schedule of Benefits.

Insurance is subject to: (a) any exclusions and limitations of the Policy and all other terms and conditions of the Policy; and (b) New York Life's underwriting requirements.

No Interim Liability New York Life is not liable for requested initial, increased or restored insurance on any person while a request for such insurance is being processed, even if New York Life has accepted a remittance for such requested insurance. New York Life will not be liable for such insurance if the request is not formally approved and will return any such premium remittance.

Renewal Insurance under the Policy will be renewed automatically on each Anniversary Date if its terms and conditions are met. Insurance for an INSURED MEMBER will be renewed automatically on each CONTRIBUTION DATE for an INSURANCE PERIOD if the terms and conditions of the Policy are met.

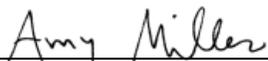
On all stated days and dates, insurance begins at 12:01 A.M. and insurance ends at midnight at the place the INSURED MEMBER resides.

Highlights and other details of insurance appear in the Individual Schedule of Benefits page(s) and in the State Regulations page(s), if any. These pages are attached to and made a part of the Certificate.

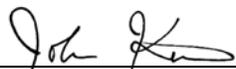
This Certificate replaces all Certificates and Certificate Riders, if any, previously issued to an INSURED MEMBER under the Policy.

Accelerated Death Benefit For Life Insurance - Family Group Life, the Death Benefit will be reduced by 50% if the Accelerated Death Benefit is paid. CONTRIBUTIONS will remain unchanged. New York Life will send the INSURED MEMBER a statement which will specify the effect the payment of the Accelerated Death Benefit will have on the Death Benefit and CONTRIBUTIONS. **RECEIPT OF THE ACCELERATED DEATH BENEFIT MAY BE TAXABLE. THE INSURED SHOULD SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR. DEATH BENEFIT WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID.**

Right To Examine The Certificate For 30 Days An INSURED MEMBER will have 30 days from the date of receipt to examine the certificate. If the INSURED MEMBER does not wish to keep the certificate, it must be surrendered to New York Life within this period. Upon such surrender, New York Life will return any premium paid and insurance will be void from the start. Notice of this right will appear in certificates.



Secretary



President

TABLE OF CONTENTS

DEFINED TERMS ARE ALL CAPITALIZED. PLEASE REFER TO THE DEFINITIONS PAGES.

<u>Pages</u>	
2 - 3	IMPORTANT NOTICE
4 - 7	WHEN INSURANCE TAKES EFFECT
8 - 9	LIFE AND DEPENDENT LIFE INSURANCE
10 - 11	AD&D INSURANCE
12 - 16	DISABILITY INCOME INSURANCE
17 - 19	PROFESSIONAL OVERHEAD EXPENSE INSURANCE
20	HOSPITAL INDEMNITY INSURANCE - FROZEN PLAN
21 - 22	HOSPITAL INDEMNITY INSURANCE - ACTIVE PLAN
23	RABIES PROPHYLAXIS BENEFIT
24	WHEN INSURANCE ENDS
25	CONTINUANCE - LIFE AND DEPENDENT LIFE INSURANCE
26	CONTINUANCE - AD&D INSURANCE
27	CONTINUANCE - DISABILITY INCOME INSURANCE
28	CONTINUANCE - PROFESSIONAL OVERHEAD EXPENSE INSURANCE
29 - 30	CONTINUANCE - HOSPITAL INDEMNITY INSURANCE
31	CONVERSION RIGHTS - LIFE AND DEPENDENT LIFE INSURANCE
32 - 39	DEFINITIONS
-	"STATE" REGULATIONS
-	SCHEDULE
-	INDIVIDUAL SCHEDULE OF BENEFITS

G-14884-0
GMR-TABLE

IMPORTANT NOTICE

Certificate The Certificate is a summary of the provisions of the Policy. It should be kept in a safe place. It is not a contract of insurance. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy is available at the Policyholder's office for inspection at any time during business hours. The INSURED MEMBER should contact New York Life with questions regarding insurance.

Claim Forms New York Life will send the INSURED MEMBER claim forms within 15 days after notice of claim is received. If New York Life does not send the forms within 15 days, the INSURED MEMBER can send written proof of claim. The claim form or proof must show the date, cause and extent of the loss.

Errors Errors, or delays in keeping records, will: (a) not revoke insurance otherwise in force; (b) not continue insurance which otherwise would have ended; and (c) upon discovery, require fair adjustment of remittances and/or insurance to correct the error.

Examination New York Life, at its own expense, has the right and opportunity to:

1. have a person, for whom claim is made, examined: (a) physically; (b) psychologically; and/or (c) psychiatrically; to determine the existence and/or cause of any loss, other than loss of life. This right can be used as often as it is reasonably required while a claim is pending;
2. have a claimant's financial records audited, as often as New York Life may reasonably require; and/or
3. in the event of loss of life: (a) request an autopsy where it is not forbidden by law or religious belief; and/or (b) examine the medical records of the deceased; to determine the cause of the loss.

IMPORTANT NOTICE

Incontestability Except for provisions which relate to eligibility for insurance and for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

Legal Action The INSURED MEMBER cannot start any legal action: (a) within 60 days after a claim form or proof of claim is sent; or (b) more than three years after a claim form or proof of claim is due.

Misstatements Subject to the Errors and Incontestability sections, if relevant statements of age were not accurate for any person, a fair adjustment of remittances and/or insurance will be made as follows:

1. if the age has been overstated: (a) the amount of remittance will be adjusted to reflect the difference between the remittance applicable at the correct age and the incorrect remittance previously paid; and (b) the Policyholder will refund the amount of any corresponding adjustment, except that: If insurance has been erroneously reduced because such person was thought to have reached a higher age bracket, as stated on the Schedule page(s), the amount of insurance and remittance will be adjusted based on such person's correct age; or
2. if the age has been understated: (a) the amount of insurance will be adjusted downward for any INSURANCE PERIOD, in proportion to the ratio of the charges previously paid for such INSURANCE PERIOD to the prescribed charges at the correct age for such INSURANCE PERIOD; and (b) there will be no adjustment to any remittance previously paid, except that: If insurance was not reduced because such person was thought to have been in a lower age bracket, as stated on the Schedule page(s), the amount of insurance and remittance will be adjusted based on such person's correct age.

Notice Of Claim The INSURED MEMBER must write to New York Life about a claim within 20 days after the occurrence of any loss or disability or the commencement of any stay covered under the Policy. If it is not possible to give notice within 20 days, it must be given as soon as reasonably possible.

Policy Changes The Policy can be changed: (a) at any time by written agreement between New York Life and the Policyholder; and (b) without the consent of any other person. Changes will be valid only if evidenced by an amendment to the Policy. Such amendment must be signed by the Policyholder and New York Life, except an amendment which results from the exercise of a right reserved to New York Life in the Policy. No agent of New York Life can make or change the Policy or waive any of its provisions.

Termination By The Policyholder The Policyholder may terminate the Policy, only on a CONTRIBUTION DATE, by giving written notice to New York Life at least 90 days in advance.

Termination By New York Life New York Life can terminate the Policy, only on a CONTRIBUTION DATE, by giving written notice to the Policyholder at least 90 days in advance. New York Life may only exercise this right if: (a) the Policyholder or the ASSOCIATION no longer endorses the insurance under the Policy or endorses another similar program for its members; or (b) the number of INSURED MEMBERS under the Policy and Group Policies G-14884-5, G-14884-6, G-14884-7, G-14885-0 and G-14886-0 issued to the Policyholder by New York Life is less than 10,000.

WHEN INSURANCE TAKES EFFECT

Requests An APPLICANT can request to:

1. become initially insured for BASIC PROTECTION BENEFITS, Family Group Life Insurance, Professional Overhead Expense Insurance, AD&D - Large Scale, Disability Income Insurance - Long Term Disability Monthly Income, Short Term Disability Monthly Income, and/or Hospital Indemnity Insurance for himself or herself and/or Dependent Family Group Life, AD&D - Large Scale, and/or Hospital Indemnity for each of his or her ELIGIBLE DEPENDENTS; or, if applicable, the Student Member Basic Protection Package Plan for himself or herself;
2. change the following:
 - a. for Family Group Life and Dependent Life Insurance, change: (a) the amount of insurance to any other amount of insurance available to him or her, subject to the Maximum as stated on the Schedule page(s); and/or (b) the basis for determining the CONTRIBUTION from and/or to the Non-SMOKER basis. New York Life will terminate the existing amount of insurance or the basis for determining CONTRIBUTION before the new amount of insurance or the new basis for determining CONTRIBUTION takes effect. For purposes of this provision, APPLICANT includes a SURVIVOR SPOUSE;
 - b. for AD&D Insurance, change the Principal Sum to any other Principal Sum available to him or her, subject to the Maximum as stated on the Schedule page(s). New York Life will terminate the existing Principal Sum before the new Principal Sum takes effect. For purposes of this provision, APPLICANT includes a SURVIVOR SPOUSE;
 - c. for Disability Income Insurance, change the WAITING PERIOD, the Monthly Benefit and/or the Plan ("election") to any other election available to him or her. The APPLICANT may also add a Plan to any other Plan available to him or her. If a change is to an existing election, New York Life will terminate such existing election before the new election takes effect;
 - d. for Professional Overhead Expense Insurance, change the Monthly Benefit to any other Monthly Benefit available to him or her. New York Life will terminate the existing Monthly Benefit before the new Monthly Benefit takes effect;
 - e. for Hospital Indemnity Insurance, change the Daily Benefit to any other Daily Benefit available to him or her. New York Life will terminate the existing Daily Benefit before the new Daily Benefit takes effect. For purposes of this provision, APPLICANT includes a SURVIVOR SPOUSE; and/or
3. restore insurance on each former COVERED PERSON for whom insurance ended, if: (a) insurance ended for such person because: (1) for Life and Dependent Life Insurance, the CONTRIBUTION was not paid; or (2) for health insurance, the former COVERED PERSON began ACTIVE DUTY IN THE ARMED FORCES, provided he or she has not exercised the conversion right available at such time; and (b) the proposed COVERED PERSON is an ELIGIBLE MEMBER or an ELIGIBLE DEPENDENT. If the request is approved, all terms and conditions of the Policy applicable to the person at the time insurance ended will be reinstated, subject to any changes in the Policy.

For Insurance To Take Effect For initial insurance, a change in insurance or restoration of insurance to take effect, the APPLICANT must:

1. give the Policyholder a completed, written request for the insurance on a form satisfactory to New York Life, as required. Such request is not required for STUDENT MEMBER Non-Contributory Insurance. A written request for restoration must be given: (a) for Life and Dependent Life Insurance, within three months after the date the CONTRIBUTION was due; or (b) for health insurance, within four months after the date ACTIVE DUTY IN THE ARMED FORCES ended;
2. give New York Life satisfactory medical evidence of insurability, if such evidence is required, for the proposed COVERED PERSON. Such evidence is not required for: (a) an ELIGIBLE DEPENDENT who becomes insured in accordance with the Marriage or Newborn Child exceptions; (b) an APPLICANT who is a graduating STUDENT MEMBER and/or any of his or her ELIGIBLE DEPENDENTS who become insured in accordance with the Graduating Student Member exception; (c) a STUDENT MEMBER who becomes insured as an INSURED MEMBER in accordance with the Student Member Exchange exception; (d) a STUDENT MEMBER who becomes insured for the Student Member Basic Protection Package Plan; (e) restoration of insurance, if insurance ended for such person because he or she began ACTIVE DUTY IN THE ARMED FORCES; (f) an increase in the APPLICANT'S Monthly Benefit which occurs as a result of the APPLICANT'S conversion of the Future Purchase Option; (g) an increase in Family Group Life coverage due to Inflation Guard Option; or (h) STUDENT MEMBER Non-Contributory Insurance.

WHEN INSURANCE TAKES EFFECT

3. pay the CONTRIBUTION. However, for restoration of Life and/or Dependent Life Insurance which ended because the CONTRIBUTION was not paid, all references to the payment of CONTRIBUTION include all unpaid CONTRIBUTIONS from the date insurance ended; and
4. for DEPENDENT INSURANCE, be an ELIGIBLE MEMBER on the INSURED DEPENDENT'S EFFECTIVE DATE; except must be an INSURED MEMBER for an INSURED SPOUSE'S Disability Insurance.

When Insurance Takes Effect Except as stated below, insurance takes effect on the EFFECTIVE DATE, if the proposed COVERED PERSON is: (a) for all coverages except Hospital Indemnity Insurance, performing the normal activities of a person in good health of like age on the EFFECTIVE DATE, or for a proposed STUDENT MEMBER the Student Member Basic Protection Package Plan, the responsibilities or duties of a Veterinary student in good health of like age on the EFFECTIVE DATE; (b) for Disability Income Insurance, at FULL-TIME work on the EFFECTIVE DATE; or (c) for Hospital Indemnity Insurance, not confined in a hospital or other medical institution on the EFFECTIVE DATE.

With respect to Hospital Indemnity Insurance, insurance for a proposed COVERED PERSON who was confined in a hospital or other medical institution on the date such insurance would otherwise have taken effect, will take effect on the day the proposed COVERED PERSON is no longer confined in a hospital or other medical institution, if: (a) such day is within three months of the date insurance would otherwise have taken effect; (b) for DEPENDENT INSURANCE, the APPLICANT is an INSURED MEMBER or a SURVIVOR SPOUSE on that day, and (c) the proposed COVERED PERSON is still eligible to obtain the insurance on that day.

The normal activities and non-confinements requirements do not apply to:

1. an ELIGIBLE CHILD who becomes insured in accordance with the Newborn Child exception;
2. an APPLICANT who is a graduating STUDENT MEMBER and/or any of his or her ELIGIBLE DEPENDENTS who become insured in accordance with the Graduating Student Member exception;
3. a STUDENT MEMBER who becomes insured as an INSURED MEMBER in accordance with the Student Member Exchange exception;
4. the following changes if they result in decreases in insurance: (1) for Life and Dependent Life Insurance: changes in the amount of insurance or to the SMOKER basis for determining CONTRIBUTION; (2) for Disability Income Insurance: changes in the WAITING PERIOD, the Monthly Benefit and/or the Plan; (3) for Professional Overhead Expense Insurance: changes in the Monthly Benefit; and/or (4) for Hospital Indemnity Insurance: changes in the Daily Benefit; or
5. an increase in an APPLICANT'S Monthly Benefit which resulted from the conversion of the APPLICANT'S Future Purchase Option unless disabled on that date and/or not working FULL-TIME.

No benefits will be paid for any loss, disability or stay occurring or charge incurred before the EFFECTIVE DATE.

Marriage - Any ELIGIBLE DEPENDENT acquired as a result of the INSURED MEMBER'S marriage or domestic partnership will become an INSURED DEPENDENT, but only for the same line of insurance as the INSURED MEMBER, on the day New York Life receives the INSURED MEMBER'S written request for insurance for such ELIGIBLE DEPENDENT(S) and the CONTRIBUTION if: (a) such request and CONTRIBUTION are received within 31 days after such marriage or domestic partnership; and (b) such ELIGIBLE DEPENDENT is performing the normal activities of a person in good health of like age on such day. The insurance provided to the INSURED DEPENDENT without medical evidence of insurability will not exceed the following:

For Dependent Life Insurance: (a) on an ELIGIBLE SPOUSE, \$25,000; or (b) on an ELIGIBLE CHILD, \$5,000.

For AD&D - Large Scale Insurance on an ELIGIBLE SPOUSE, the lesser of: (a) \$100,000; or (b) the amount of insurance for which the INSURED MEMBER is insured.

For Hospital Indemnity Insurance on an ELIGIBLE DEPENDENT, the Daily Benefit for which the INSURED MEMBER is insured.

WHEN INSURANCE TAKES EFFECT

Newborn Child - For Hospital Indemnity Insurance, any child who is born, adopted or placed for adoption while his or her parent is an INSURED MEMBER with respect to Hospital Indemnity Insurance, will automatically become an INSURED CHILD at birth, adoption or placement, respectively, for up to a \$100 Daily Benefit maximum, unless the INSURED MEMBER has Dependent Hospital Indemnity Insurance in force for other children, in which case, any child who is born, adopted or placed for adoption will receive the Daily Benefit in effect. If the INSURED MEMBER has Dependent Hospital Indemnity Insurance in force for children, insurance on such child will continue in accordance with the terms of the Policy. If the INSURED MEMBER did not elect Dependent Hospital Indemnity Insurance for children before the child's birth, adoption or placement for adoption, insurance on such child will continue, if: (a) New York Life receives the INSURED MEMBER'S written request to continue such child's insurance; and (b) the CONTRIBUTION is paid. Insurance will have ended on the day such child is 31 days old, if the written request to continue such insurance and the CONTRIBUTION is not paid within 31 days after the INSURED MEMBER'S next CONTRIBUTION DATE.

For Dependent Life Insurance, any child who is born, adopted or placed for adoption while his or her parent is an INSURED MEMBER with respect to Family Group Life, will automatically become an INSURED CHILD for Dependent Life Insurance on the day he or she becomes an ELIGIBLE CHILD. If the INSURED MEMBER has Dependent Life Insurance in force for children, insurance on such child will continue in accordance with the terms of the Policy. If the INSURED MEMBER did not elect Dependent Life Insurance for children before the child's birth, adoption or placement for adoption, insurance on such child will continue, if: (a) New York Life receives the INSURED MEMBER'S written request to continue such child's insurance; and (b) the CONTRIBUTION is paid. Dependent Life Insurance will have ended on: (a) such child's initial CONTRIBUTION DATE; or (b) if later, the day a newborn child is 45 days old; if the written request to continue the insurance and the CONTRIBUTION is not paid within 31 days after the INSURED MEMBER'S next CONTRIBUTION DATE.

Waiver Of Named Dependent - Except as stated in the When Insurance Takes Effect exception, if New York Life determines that any proof of good health is not satisfactory for any dependent child, any dependent child New York Life approved for DEPENDENT INSURANCE will become insured on the EFFECTIVE DATE determined by New York Life, if the APPLICANT authorizes New York Life, in writing, to exclude from DEPENDENT INSURANCE any dependent child whose proof is not satisfactory. The APPLICANT can later reapply for any dependent child so excluded.

Graduating Student Member - An APPLICANT who is a graduating STUDENT MEMBER and at FULL-TIME work may request to initially become insured and/or change the insurance currently in force on himself or herself and/or his or her ELIGIBLE DEPENDENTS without submitting medical evidence of insurability if he or she: (a) requests the insurance no later than 31 days after his or her graduation date; and (b) pays the CONTRIBUTION. The EFFECTIVE DATE is: (a) the APPLICANT'S graduation date, if the request for insurance is received before the graduation date; or (b) otherwise, on the date the request for insurance is received by New York Life; and (c) and the CONTRIBUTION is paid no later than 31 days after the EFFECTIVE DATE. The insurance provided to the APPLICANT without medical evidence of insurability will not exceed the following, less the applicable amount of insurance currently in force for the APPLICANT:

For Life and Dependent Life Insurance - Family Group Life: (a) on an ELIGIBLE MEMBER, \$100,000; (b) on an ELIGIBLE SPOUSE, the lesser of: (1) \$50,000; or (2) the amount of insurance for which the INSURED MEMBER is insured; or (c) on an ELIGIBLE CHILD, \$5,000 or \$10,000.

For AD&D - Large Scale Insurance: (a) on an ELIGIBLE MEMBER, \$100,000; or (b) on an ELIGIBLE SPOUSE, the lesser of: (a) \$50,000; or (b) the amount of insurance for which the INSURED MEMBER is insured.

For Hospital Indemnity Insurance: (a) on an ELIGIBLE MEMBER, \$100 Daily Benefit; or (b) on an ELIGIBLE DEPENDENT, the lesser of: (1) \$100 Daily Benefit; or (2) the Daily Benefit for which the INSURED MEMBER is insured.

For Disability Income Insurance on an ELIGIBLE MEMBER: (a) Long Term Disability schedule, \$3,500 Monthly Benefit and \$2,000 Future Purchase Option; and (b) Short Term Disability Monthly Income schedule, \$500 Monthly Benefit.

For Professional Overhead Expense on an ELIGIBLE MEMBER: \$300 Monthly Benefit.

WHEN INSURANCE TAKES EFFECT

Note: If the APPLICANT has also applied for an amount(s) of insurance in addition to the amount of insurance provided without submitting medical evidence of insurability, such additional amount(s) of insurance is subject to the requirements of the For Insurance To Take Effect section. If the additional insurance applied for is approved by New York Life without any additional medical information, the EFFECTIVE DATE will be the same EFFECTIVE DATE applicable to the insurance provided without submitting medical evidence of insurability. However, if additional medical information is required and the additional insurance is approved by New York Life, the EFFECTIVE DATE will be the first day of the month on or after the date such additional medical information is received by New York Life.

Student Member Exchange - An INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability if he or she: (a) requests to exchange the insurance; and (b) pays the CONTRIBUTION; no later than 31 days after he or she reaches the TERMINATION AGE DATE. The EFFECTIVE DATE is: (a) the INSURED CHILD'S TERMINATION AGE DATE, if the request to exchange the insurance and the CONTRIBUTION are received before the TERMINATION AGE DATE; or (b) otherwise, 31 days after the TERMINATION AGE DATE. The insurance provided to the STUDENT MEMBER without medical evidence of insurability will not exceed the following:

For Life Insurance - Family Group Life, \$10,000.

For Hospital Indemnity Insurance, the Daily Benefit for which he or she was insured as an INSURED CHILD.

Specimen

LIFE AND DEPENDENT LIFE INSURANCE

New York Life will pay a benefit for a COVERED PERSON'S: (a) Terminal Illness; (b) Chronic Illness, if Chronic Illness Option is purchased; or (c) death; in accordance with all of the following:

Accelerated Death Benefit The Accelerated Death Benefit is available to a COVERED PERSON with Family Group Life Insurance or Life Insurance under the Student Member Basic Protection Package Plan who has a Terminal Illness ("Terminal Illness" is a medical condition where the patient has a life expectancy of 24 months or less).

Accelerated Benefit for Chronic Illness See Chronic Illness Option on the Schedule page if purchased.

Death Benefit The Death Benefit is the benefit payable for a COVERED PERSON'S death.

For The Benefit To Be Paid

Accelerated Death Benefit For the Accelerated Death Benefit to be paid, the INSURED MEMBER must give: (1) the Policyholder a completed, written request for the benefit on a form satisfactory to New York Life; and (2) New York Life satisfactory medical proof, in writing, that the COVERED PERSON has a Terminal Illness, no later than 12 months before such COVERED PERSON'S TERMINATION AGE DATE.

Accelerated Benefit for Chronic Illness See Chronic Illness Option on the Schedule page if purchased.

Death Benefit For the Death Benefit to be paid, New York Life must receive satisfactory proof of the COVERED PERSON'S death.

What Benefit Is Payable The benefit payable is as follows:

Accelerated Death Benefit The Accelerated Death Benefit payable is 50% of Family Group Life Insurance or the Life Insurance under the Student Member Basic Protection Package Plan in force on the COVERED PERSON'S life on the date New York Life approves the request for the Accelerated Death Benefit, except that: If a reduction of insurance due to age is scheduled within one year of the date New York Life approves such request, the benefit payable will be 50% of such reduced amount of insurance. The benefit will be paid in a lump sum. The benefit is payable once while the COVERED PERSON is insured under the Policy, whether insurance is continuous or interrupted.

* If the Chronic Illness Option is purchased, see the Chronic Illness Option on the Schedule page for limitation when the Accelerated Benefit for Chronic Illness is exercised before the Accelerated Benefit for Terminal Illness.

Accelerated Benefit for Chronic Illness See Chronic Illness Option on the Schedule page if purchased.

Death Benefit Except as stated below, the Death Benefit payable is the amount of insurance in force for the COVERED PERSON on the date of his or her death, less the amount paid on his or her behalf under (1) the Accelerated Death Benefit; and (2) if purchased, the Accelerated Benefit for Chronic Illness. A single payment is made.

Suicide - For Family Group Life amounts of insurance which are effective on or after November 1, 1992 and for the Life Insurance under the Student Member Basic Protection Package Plan or STUDENT MEMBER Non-Contributory Term Life Insurance, New York Life will only return the applicable premiums paid to it for the amount of insurance otherwise in force which, on the date of loss has been in force for less than two continuous years, if a COVERED PERSON'S death is due to, related to or occurs during: suicide, an attempt at suicide or an intentionally self-inflicted injury, whether such COVERED PERSON was sane or insane and if written application for such insurance was made.

Beneficiary

Accelerated Death Benefit The Accelerated Death Benefit will be paid to the INSURED MEMBER, except that: If New York Life has received satisfactory proof of the INSURED MEMBER'S death before such payment is made, payment will be made in accordance with the Death Benefit subsection of the Beneficiary section.

LIFE AND DEPENDENT LIFE INSURANCE

Death Benefit Except as stated below, the Death Benefit will be paid to the beneficiary, if living, upon the death of the COVERED PERSON. Any part of the benefit: (a) payable to a beneficiary who does not survive the COVERED PERSON or who dies within 15 days after the COVERED PERSON'S death, if New York Life has received satisfactory proof of that beneficiary's death before such payment is made; or (b) for which no beneficiary was designated; will be payable, upon the death of the COVERED PERSON, to the executor or administrator of the COVERED PERSON'S estate, or at the option of New York Life, to the COVERED PERSON'S surviving relative(s) in the following order of survival:

1. for an INSURED MEMBER: lawful married spouse; children equally; parents equally; or brothers and sisters equally;
2. for an INSURED SPOUSE: lawful married spouse; children equally; parents equally; or brothers and sisters equally; or
3. for an INSURED CHILD: parent; brothers and sisters equally; or children equally.

For MEMBER or STUDENT MEMBER INSURANCE, the INSURED MEMBER can designate a beneficiary or change his or her beneficiary designation.

For an INSURED SPOUSE, the automatic beneficiary is the INSURED MEMBER. However, the INSURED MEMBER or SURVIVOR SPOUSE can designate a beneficiary or change his or her beneficiary designation.

For an INSURED CHILD, the automatic beneficiary is the INSURED MEMBER. Such designation cannot be changed.

One or more beneficiaries can be designated. If more than one beneficiary is designated, they can be classified as PRIMARY BENEFICIARY or CONTINGENT BENEFICIARY. Each beneficiary's share can be stated. If more than one beneficiary is designated and if their respective interests have not been stated, they will share alike.

Facility Of Payment - New York Life has the right to pay up to \$250 of the benefit to anyone who has incurred expenses for the COVERED PERSON'S fatal illness or burial ("payee"). If a beneficiary or a payee is a minor or is, in New York Life's opinion, not legally able to give a valid receipt for any payment due him or her, payment may be made in monthly installments of up to \$50 each to any person or institution who, in New York Life's opinion, is caring for or supporting such beneficiary or payee. These monthly installments will continue until the earlier of the date: (a) claim is made by a duly appointed guardian, committee of the beneficiary or payee for the remainder of the benefit, if any; or (b) the full benefit, to which such beneficiary or payee is entitled, has been paid. Such payment will be proper to the extent made.

Forfeiture Of Payment - No payment will be made to any person(s) if such person(s) is the principal or an accomplice in willfully bringing about the death of the COVERED PERSON. Payment will be made in accordance with this section as though that person(s) had died before the COVERED PERSON.

Individual Policy - Subject to the Facility Of Payment exception and unless otherwise stated by the INSURED MEMBER, the benefit will be paid to the INSURED MEMBER'S beneficiary last recorded under an individual policy, if: (a) application for the individual policy was made under a conversion right; (b) the benefit is not payable under the individual policy; (c) the individual policy, if issued, is surrendered to New York Life; and (d) the benefit is paid under the Policy.

Transfer Of Ownership An INSURED MEMBER or SURVIVOR SPOUSE can transfer all or any part of incidents of ownership of the insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

Request Procedure To: (a) designate a beneficiary or change a beneficiary designation; and/or (b) transfer ownership; New York Life must be given a completed, written request on a form satisfactory to it. Such request must be approved and recorded by or on behalf of New York Life. After such recording, the request will take effect as of the date it was signed, subject to any payment made or any other action taken by or on behalf of New York Life before the recording.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

New York Life will pay a benefit for a COVERED PERSON'S Covered Loss in accordance with all of the following:

Covered Loss A Covered Loss is a loss that:

1. a COVERED PERSON suffers, but only if such loss results from an accidental injury and such: (a) loss occurs within 180 days of such injury; (b) injury occurs while he or she is insured under the Policy; and (c) injury is the direct result of the accident; and is independent of disease or bodily infirmity;
2. is listed in the Table Of Benefit on the Schedule page(s); and
3. is not excluded in the Exclusions section.

Exclusions The following losses are excluded:

Air Travel - For AD&D - Basic, a loss that occurs during or is a direct result of the COVERED PERSON'S travel in, travel on, fall from or descent from any aircraft while such aircraft is in flight, unless the COVERED PERSON is traveling solely as a passenger on a licensed, commercial, non-military aircraft.

For AD&D - Large Scale, a loss that occurs during or is a direct result of the COVERED PERSON'S travel in, travel on, fall from or descent from any aircraft while such aircraft is in flight, unless the COVERED PERSON is traveling solely as a passenger:

1. on an aircraft furnished by a licensed passenger carrier for a regularly scheduled flight made in accordance with a regularly published schedule for an established passenger route; or
2. on another civil aircraft on a flight which the COVERED PERSON makes solely to perform the duties of his or her regular occupation, if the aircraft: (a) has a current valid standard Airworthiness Certificate issued by the United States Civil Aeronautics Board or like certificate issued by the government authority having jurisdiction over civil aviation in the country of its registry; and (b) is piloted by a person holding a current valid Certificate Of Competency of a rating that authorizes him or her to pilot such aircraft.

Disease/Infirmity - A loss that is due to or related to: (a) disease or bodily infirmity of mind or body; (b) medical or surgical treatment of such disease or bodily infirmity; or (c) bacterial infections, except infections which occur as the result of an: (1) accidental cut or wound; or (2) accidental ingestion of contaminated material.

Military Service - A loss that results from service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

Suicide - A loss that: (a) is due to or is related to: (1) suicide; (2) an attempt at suicide; or (3) an intentionally self-inflicted injury; (b) occurs during an attempt at suicide; or (c) occurs while intentionally injuring oneself; while the COVERED PERSON is sane or insane.

Treatment - A loss that: (a) occurs during; (b) is due to; or (c) is related to; any medical, dental or surgical treatment unrelated to the accident which would otherwise entitle the COVERED PERSON to benefits.

War - A loss that results from any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries.

For The Benefit To Be Paid For the benefit for a Covered Loss to be paid, New York Life must:

1. receive satisfactory proof of the COVERED PERSON'S loss within 90 days after such loss. If it is not possible to give proof within such period, it must be given as soon as reasonably possible; and
2. determine that the loss is a Covered Loss.

What Benefit Is Payable The benefit payable is the applicable percentage of the Principal Sum in force for the COVERED PERSON on the date of the Covered Loss, as stated in the Table Of Benefits and subject to the Maximum sections on the Schedule page(s). For any benefit payable, a single payment is made. The benefit is payable within 60 days after receipt of satisfactory proof.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Common Carrier - For AD&D - Basic, two times such applicable percentage is payable if the Covered Loss is the result of an accident while the COVERED PERSON is a passenger on a Common Carrier. "Common Carrier" means a conveyance operated by a concern, if: (a) such concern is organized and licensed for the transportation of passenger for hire; and (b) such conveyance is operated by an employee of such concern.

Beneficiary The benefit payable for any Covered Loss other than loss of life will be paid to the INSURED MEMBER.

Except as stated below, the benefit for loss of life and any accrued but unpaid benefit will be paid to the beneficiary, if living, upon the death of the COVERED PERSON. Any part of the benefit: (a) payable to a beneficiary who does not survive the COVERED PERSON or who dies within 15 days after the COVERED PERSON'S loss of life, if New York Life has received satisfactory proof of that beneficiary's death before such payment is made; or (b) for which no beneficiary was designated; will be payable, upon the death of the COVERED PERSON, to the executor or administrator of the COVERED PERSON'S estate, or at the option of New York Life, to the COVERED PERSON'S surviving relative(s) in the following order of survival: lawful married spouse; children equally; parents equally; or brothers and sisters equally.

The INSURED MEMBER can designate a beneficiary or change his or her beneficiary designation. One or more beneficiaries can be designated. If more than one beneficiary is designated, they can be classified as PRIMARY BENEFICIARY or CONTINGENT BENEFICIARY. Each beneficiary's share can be stated. If more than one beneficiary is designated and if their respective interests have not been stated, they will share alike.

The automatic beneficiary for INSURED DEPENDENTS is the INSURED MEMBER; such designation cannot be changed.

Facility Of Payment - New York Life has the right to pay up to \$250 of the benefit to anyone who has incurred expenses for the COVERED PERSON'S fatal illness or burial ("payee"). If a beneficiary or a payee is a minor or is, in New York Life's opinion, not legally able to give a valid receipt for any payment due him or her, payment may be made in monthly installments of up to \$50 each to any person or institution who, in New York Life's opinion, is caring for or supporting such beneficiary or payee. These monthly installments will continue until the earlier of the date: (a) claim is made by a duly appointed guardian, committee of the beneficiary or payee for the remainder of the benefit, if any; or (b) the full benefit, to which such beneficiary or payee is entitled, has been paid. Such payment will be proper to the extent made.

Forfeiture Of Payment - No payment will be made to any person(s) if such person(s) is the principal or an accomplice in willfully bringing about the death of the COVERED PERSON. Payment will be made in accordance with this section as though that person(s) had died before the COVERED PERSON.

Individual Policy - Subject to the Facility Of Payment exception and unless otherwise stated by the INSURED MEMBER, the benefit will be paid to the INSURED MEMBER'S beneficiary last recorded under an individual policy, if: (a) application for the individual policy was made under a conversion right; (b) the benefit is not payable under the individual policy; (c) the individual policy, if issued, is surrendered to New York Life; and (d) the benefit is paid under the Policy.

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of his or her AD&D Insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

Request Procedure To: (a) designate a beneficiary or change a beneficiary designation; and/or (b) transfer ownership; New York Life must be given a completed, written request on a form satisfactory to it. Such request must be approved and recorded by or on behalf of New York Life. After such recording, the request will take effect as of the date it was signed, subject to any payment made or any other action taken by or on behalf of New York Life before the recording.

DISABILITY INCOME INSURANCE

New York Life will pay a benefit for an INSURED MEMBER'S Covered Disability in accordance with all of the following:

Covered Disability A Covered Disability is a Covered Total Disability, Covered Partial Residual Disability and/or Covered Partial Disability, if such disability is not excluded in the Exclusions section, as follows:

Covered Total Disability - A Covered Total Disability is an incapacity from the following which an INSURED MEMBER suffers while he or she is insured under the Policy:

1. an INJURY or SICKNESS, but only if such incapacity completely and continuously prevents the INSURED MEMBER from doing the material and substantial duties of his or her occupation during the WAITING PERIOD, provided he or she is not engaged in any occupation for pay or profit, except that: If the INSURED MEMBER has elected one of the Own Occupation Disability Definition Options, then a Covered Total Disability is as defined on the Schedule – Disability Income Insurance page(s), under Long Term Disability;
2. for Disability Income Insurance under the CAREER START PLAN or Student Member Basic Protection Package Plan, an INJURY or SICKNESS, but only if such incapacity completely and continuously prevents the INSURED MEMBER from doing the responsibilities or duties of a veterinary student, and provided he or she is not engaged in any Occupation for pay or profit;
3. for Long Term Disability, an organ donation by an INSURED MEMBER, if he or she has been continuously insured under the Policy for at least six consecutive months on the day of such donation; or
4. an INJURY or SICKNESS which causes the total and permanent loss of: (a) use of two limbs; (b) the sight of both eyes; (c) speech; or (d) hearing in both ears.

Covered Partial Residual Disability - Except for Short Term Disability Monthly Income, or for a STUDENT MEMBER under the CAREER START PLAN or the Student Member Basic Protection Package Plan, a Covered Partial Residual Disability is an incapacity from an INJURY or SICKNESS that:

1. prevents the INSURED MEMBER from doing one or more of the material or substantial daily duties of his or her occupation during the WAITING PERIOD on a part-time basis or at least one, but not all of these material duties on a full-time basis and results in a loss of at least 25% of average monthly income;
2. occurs before the INSURED MEMBER received Covered Disability benefits for the Maximum Benefit Period for his or her Covered Total Disability;
3. prevents the INSURED MEMBER from earning more than 75% of his or her AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability; and
4. is not separated from a period of Covered Total Disability by an INSURED MEMBER'S return to FULL-TIME work of 90 days or more.

Covered Partial Disability - Except for Short Term Disability Monthly Income and Disability Income Insurance under the CAREER-START PLAN or the Student Member Basic Protection Package Plan, a Covered Partial Disability is an incapacity from an ACCIDENT that:

1. prevents the INSURED MEMBER from doing one or more of the material or substantial daily duties of his or her occupation; and
2. follows a period during which the INSURED MEMBER received payment for a Covered Total Disability, if: (a) such Covered Partial Disability is due to or related to the same ACCIDENT for which the INSURED MEMBER received such payment; and (b) payment is no longer being made for such disability under the Covered Total Disability benefit.

However, such incapacity will not be considered a Covered Partial Disability if the incapacity entitles or will entitle the INSURED MEMBER to receive Covered Partial Residual Disability benefits.

Exclusions The following disabilities are excluded:

Crime/Illegal Occupation/Illegal Activity - A disability that: (a) occurs during; (b) is due to; or (c) is related to; the INSURED MEMBER'S participation in or incarceration resulting from any of the following in a role other than as a victim: (a) the commission of a felony; (b) an illegal Occupation or activity; (c) an insurrection; (d) terrorist activity; or (e) a riot.

DISABILITY INCOME INSURANCE

Impairment Restriction - Except for Disability Income Insurance under the Student Member Basic Protection Package Plan, a disability that is due to or related to a condition which has an IMPAIRMENT RESTRICTION. However, at any time the INSURED MEMBER can give medical evidence of insurability for a condition which has an IMPAIRMENT RESTRICTION. After review of such evidence, New York Life will determine: (a) if and when such IMPAIRMENT RESTRICTION should be removed or liberalized; or (b) if it should be continued.

Military Service - A disability that is due to or related to service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

Preexisting Condition - For Disability Income Insurance under the Student Member Basic Protection Package Plan only, a disability that is classified as or related to a Preexisting Condition. "Preexisting Condition" means an INJURY or SICKNESS or any condition related to such INJURY or SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the INSURED MEMBER'S initial EFFECTIVE DATE. Preexisting Condition does not include: any such INJURY or SICKNESS or condition after such person has been continuously insured under the Policy for six months.

For the Short Term Disability Monthly Income plan, "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 COVERED PERSON'S EFFECTIVE DATE. Preexisting Condition does not include: a pregnancy after such person has been continuously insured under the Policy for nine months after the EFFECTIVE DATE.

Pregnancy, Childbirth Or A Related Medical Condition - With respect to Long Term Disability, for the 0 Days Accident/7 Days Sickness, 30 Days Accident/30 Days Sickness, and 60 Days Accident/60 Days Sickness WAITING PERIODS, and Disability Income Insurance under the CAREER START PLAN and Student Member Basic Protection Package Plan, a disability that is due to a pregnancy, childbirth or a related medical condition, except for COMPLICATIONS OF PREGNANCY.

Regular Care - A disability: (a) that does not require a doctor's regular care of, or attendance to, the INSURED MEMBER; or (b) for any period of disability for which the INSURED MEMBER is not under the regular care and attendance of a doctor, except that: This requirement will not apply if such care is no longer required for prudent medical management of the INJURY or SICKNESS. However, this exclusion does not apply to an INSURED MEMBER who was insured for the Long Term Disability schedule and who has incurred a Covered Total Disability due to an INJURY or SICKNESS which causes the total and permanent loss of: (1) use of two limbs; (2) the sight of both eyes; (3) speech; or (4) hearing in both ears; as stated in the Covered Total Disability subsection of the Covered Disability section.

Self Inflicted Injury - A disability that is due to or related to an intentional self-inflicted injury or occurs while intentionally injuring oneself; whether the INSURED MEMBER is sane or insane.

War - A disability that is due to or related to any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries.

For The Benefit To Be Paid For the benefit to be paid:

1. New York Life must receive satisfactory proof of the INSURED MEMBER'S disability within 90 days after the: (a) WAITING PERIOD for a TOTAL DISABILITY; or (b) date of return to work for a residual disability. If it is not possible to give proof within such period, it must be given as soon as reasonably possible;
2. New York Life must determine that the disability is a Covered Disability; and
3. for a Covered Disability, the INSURED MEMBER must complete the WAITING PERIOD.

What Benefit Is Payable The benefit payable for a Covered Disability is subject to the Maximum Benefit Period stated on the Schedule page(s) and is as follows. While the benefit is in effect, the INSURED MEMBER cannot increase his or her insurance.

Covered Total Disability - The benefit payable after the WAITING PERIOD is the applicable Monthly Benefit in force for the INSURED MEMBER on the date his or her Covered Total Disability began, except that: For Long Term Disability, if the Covered Total Disability is the result of an organ donation, any increase in the Monthly Benefit within the prior six months will not be paid for such Covered Total Disability.

DISABILITY INCOME INSURANCE

Covered Partial Residual Disability - For Long Term Disability, the benefit payable after the WAITING PERIOD for each month of Covered Partial Residual Disability is calculated as follows: (a) the INSURED MEMBER'S CURRENT MONTHLY INCOME for such month; divided by (b) his or her AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability multiplied by the Residual Inflation Factor ("Residual Inflation Factor"); the resulting quotient is multiplied by (c) his or her Monthly Benefit; and the resulting product is then subtracted from (d) his or her Monthly Benefit. The resulting remainder is the INSURED MEMBER'S benefit payable for each month of Covered Partial Residual Disability. However, New York Life will pay the Monthly Benefit if, during any month of a Covered Partial Residual Disability, an INSURED MEMBER'S CURRENT MONTHLY INCOME is 25% or less than his or her AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability began. Once INSURED MEMBER'S CURRENT MONTHLY INCOME is 75% or more than his or her AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability began the benefit ends.

Residual Inflation Factor means the result obtained by dividing the CPI-U for the third month before each anniversary of the day when the Covered Total Disability began, by the CPI-U applicable on the third month before the day the Covered Total Disability began. The result cannot be less than a minimum of 1 or more than a maximum of 1 compounded at 8% per year for the years between the dates used in the calculation. If the result is less than 1, the factor will be 1. Also, before the date of the first calculation, the factor is 1.

Covered Partial Disability - For Long Term Disability, the benefit payable for each month of a Covered Partial Disability is 50% of the INSURED MEMBER'S Monthly Benefit paid for the Covered Total Disability.

The Covered Total Disability, Covered Partial Residual Disability and/or Covered Partial Disability benefit is payable: (a) within 30 days after the requirements stated in the For The Benefit To Be Paid section are met; and (b) on a monthly basis, except that: The amount payable for any period which is less than a full month, is calculated by multiplying the monthly benefit payable by the number of days of Covered Disability and dividing the product by thirty. Any balance remaining unpaid at the end of the period of liability will be made immediately upon receipt of satisfactory proof, on a pro rata basis.

Terminal Benefit - For Long Term Disability, if an INSURED MEMBER dies on a day for which a Covered Total Disability benefit is payable and provided the Covered Total Disability lasted for at least 30 days immediately before the INSURED MEMBER'S death, New York Life will pay a terminal benefit equal to 30 times the Covered Total Disability benefit payable for the day of death. The benefit is payable within 30 days after New York Life receives satisfactory proof of the INSURED MEMBER'S death.

Special Semester Benefit - For Disability Income Insurance under the Student Member Basic Protection Package Plan: Except as stated below, New York Life will pay the insured STUDENT MEMBER a benefit providing up to four Monthly Benefits if: (a) the insured STUDENT MEMBER is unable to attend classes for two consecutive weeks due to an INJURY, SICKNESS or pregnancy that occurs while he or she is insured under the Policy; and (b) as a result of such INJURY, SICKNESS, or pregnancy, such insured STUDENT MEMBER is forced to withdraw from a veterinary school designated by the Policyholder for the academic year. Exception: The INJURY or SICKNESS must not be the result of military service, a Preexisting Condition, a self-inflicted injury, or war, as stated in the Exclusions section.

This benefit is in lieu of any benefits payable for a Covered Disability resulting from such INJURY or SICKNESS.

The initial Monthly Benefit is payable upon withdrawal from such school. Additional Monthly Benefits are payable monthly thereafter, until a maximum of four Monthly Benefits have been paid; except that: If such INJURY or SICKNESS results in a Covered Disability, no further Monthly Benefits are payable under this benefit, and any Monthly Benefits payable under this benefit will be applied to the Maximum Benefit Period for such Covered Disability.

An insured STUDENT MEMBER may only receive one such benefit while insured under the Policy, whether insurance is continuous or interrupted.

DISABILITY INCOME INSURANCE

Who Will Be Paid Except as stated below, the benefit will be paid to the INSURED MEMBER.

Death/Incompetency - Subject to the Facility Of Payment exception, any accrued but unpaid benefit will be paid to: (a) the INSURED MEMBER'S estate, if the INSURED MEMBER dies; or (b) a duly appointed guardian or committee of the INSURED MEMBER, if such INSURED MEMBER is a minor or is not competent to give a valid release.

Facility Of Payment - New York Life has the right to pay up to \$5,000 of the benefit to anyone who has incurred expenses for the INSURED MEMBER'S Covered Disability and who is deemed by New York Life to be equitably entitled, if any benefit becomes payable to: (a) the estate of an INSURED MEMBER; (b) an INSURED MEMBER who is a minor; or (c) an INSURED MEMBER who is not competent to give a valid release. Such payment will be proper to the extent made.

When The Benefit Ends Except as stated in the Successive Periods Of Covered Total Disability and Vocational Rehabilitation subsections below, the benefit will end on the earliest of the date:

1. the INSURED MEMBER'S Covered Disability ends;
2. New York Life does not receive the required proof that the INSURED MEMBER'S Covered Disability continues;
3. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the Maximum Benefit Period stated on the Schedule page(s) has been reached.

The INSURED MEMBER will remain insured under the Policy after the benefit ends, except as stated on the When Insurance Ends page(s).

Successive Periods Of Covered Total Disability - Successive periods of Covered Total Disability will be considered one period of Covered Total Disability, if such disabilities are: (a) with respect to Long Term Disability Plan A and the Short Term Disability Monthly Income Plan, separated by less than 90 days continuous FULL-TIME work during which the INSURED MEMBER is not totally disabled; or (b) with respect to Long Term Disability Plan B and to Disability Income Insurance under the CAREER-START PLAN and the Student Member Basic Protection Package Plan: (1) due to the same or related causes and separated by less than 90 days of return to continuous FULL-TIME work during which the INSURED MEMBER is not totally disabled; or (2) different or unrelated causes, and are not separated by return to FULL-TIME work of one day or more.

For a STUDENT MEMBER, "Full-Time work" means attendance as a full-time student at a veterinary school designated by the Policyholder.

Vocational Rehabilitation - For Long Term Disability, a totally disabled INSURED MEMBER'S participation in a rehabilitation program approved by New York Life will not be considered, by itself, as a recovery from that Covered Total Disability. However, the nature of the rehabilitation program and the extent of participation by the INSURED MEMBER and by New York Life must be satisfactory to both and stated in a written rehabilitation program agreement before any such program can take effect.

A rehabilitation program can include: (a) a period of work for the purposes of rehabilitation; or (b) other vocational and rehabilitation assistance stated in the rehabilitation program agreement.

Any benefits for a Covered Total Disability otherwise payable to an INSURED MEMBER will continue to be payable during participation in an approved rehabilitation program.

In order to be considered for participation in a rehabilitation program, an INSURED MEMBER must give: (a) New York Life a written request in which the INSURED MEMBER consents to an evaluation of his or her rehabilitation and vocational potential; and (b) all written authorization necessary for the conduct of such evaluation by New York Life or a rehabilitation service or agency selected by New York Life.

New York Life may approve an INSURED MEMBER'S participation in a rehabilitation program for a period of three consecutive months and may approve extension or renewals of such participation for one or more additional like or shorter periods. However, participation in a rehabilitation program for more than a total of 24 months will not be approved in connection with one period of Covered Total Disability.

An INSURED MEMBER'S participation in a rehabilitation program will terminate at the end of the period of participation last approved by New York Life for the INSURED MEMBER. New York Life will have the right to withdraw approval of an INSURED MEMBER'S participation before the end of any such period by advance written notice to the INSURED MEMBER and the INSURED MEMBER'S participation will terminate, in such event, on the termination date stated in the notice.

DISABILITY INCOME INSURANCE

Workplace Modification Benefit - For Long Term Disability, if the INSURED MEMBER is disabled and is receiving a benefit, an additional Workplace Modification Benefit will be payable if approved by New York Life. New York Life will reimburse up to 100% of the reasonable costs the INSURED MEMBER or the INSURED MEMBER'S employer incurs through modifications to the workplace to accommodate the INSURED MEMBER'S return to work, and to assist the INSURED MEMBER in remaining at work.

The amount New York Life will pay will not exceed the lesser of:

1. six monthly benefits; or
2. the cost of the modification.

To qualify for this reimbursement, the INSURED MEMBER must:

1. be disabled according to the terms of the Policy; and
2. have the reasonable expectation of returning to active employment and remaining in active employment with the assistance of the proposed workplace modification.

The INSURED MEMBER or the INSURED MEMBER'S employer must give New York Life a written proposal of the proposed workplace modification. This proposal must include:

1. input from the INSURED MEMBER or the INSURED MEMBER'S employer and the INSURED MEMBER'S DOCTOR;
2. the purpose of the proposed workplace modification;
3. the expected completion date of the workplace modification; and
4. the cost of the workplace modification.

New York Life will reimburse the costs of the workplace modification when New York Life:

1. approves the proposed in writing;
2. receives proof from the INSURED MEMBER or the INSURED MEMBER'S employer that the workplace modification is complete; and
3. receives proof of the costs incurred by the INSURED MEMBER or the INSURED MEMBER'S employer for the workplace modification.

This benefit is available on a one time basis.

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of his or her insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

PROFESSIONAL OVERHEAD EXPENSE INSURANCE

New York Life will pay a benefit for an INSURED MEMBER'S Covered Expense in accordance with all of the following:

Covered Expense A Covered Expense is an Eligible Expense which an INSURED MEMBER incurs while he or she is insured under the Policy and while he or she is TOTALLY DISABLED, if such expense is: (a) outlined in the Eligible Expenses section; (b) not excluded in the Exclusions section; (c) a normal and customary expense of the INSURED MEMBER; and (d) generally accepted as tax deductible by the Internal Revenue Service.

Eligible Expenses The following expenses are Eligible Expenses, only to the extent outlined below:

Business Loans - Principal and interest payments on existing business, equipment and/or furniture loans, if used exclusively in the INSURED MEMBER'S office for conducting his or her normal occupation.

Employee Salaries - The monthly salaries of the INSURED MEMBER'S office staff and temporary relief veterinarian. Salaries include payroll taxes and contributions for employee benefits.

Insurance Premiums - Tax deductible business insurance premiums, prorated monthly, including professional liability insurance and property insurance premiums.

Leasing Costs - Lease payments on existing equipment and/or furniture, if such equipment and/or furniture are used exclusively in the INSURED MEMBER'S office for conducting his or her normal occupation.

Maintenance - The maintenance costs of existing business equipment.

Mortgage Payments - The INSURED MEMBER'S principal and interest mortgage payments on the business premises.

Other Normal And Customary Fixed Expenses - The expense for any license related to the INSURED MEMBER'S normal occupation, subscriptions, membership dues, stationary and postage, accountant's fees and other fixed expenses of the INSURED MEMBER, if such expenses are normal and customary to the INSURED MEMBER'S normal occupation.

Rent - The INSURED MEMBER'S rent on the business premises.

Taxes - The INSURED MEMBER'S monthly average of taxes on the business premises.

Utilities And Services - Electricity, heat, telephone, water, laundry, and janitorial services.

Exclusions The following expenses and disabilities are excluded:

After The Insured Member's Total Disability - The salaries of or fees paid to individuals hired after the INSURED MEMBER'S TOTAL DISABILITY began with exception of relief veterinarian as indicated in Eligible Expenses.

Depreciation - The depreciation of the INSURED MEMBER'S business assets or other costs that do not require periodic cash payments.

Impairment Restriction - A disability that is due to or related to a condition which has an IMPAIRMENT RESTRICTION. However, at any time the INSURED MEMBER can give medical evidence of insurability for a condition which has an IMPAIRMENT RESTRICTION. After review of such evidence, New York Life will determine: (a) if and when such IMPAIRMENT RESTRICTION should be removed or liberalized; or (b) if it should be continued.

Inventory - The cost of any merchandise, goods or pharmaceutical products.

Military Service - A disability that is due to or related to service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

Personal Expenses - The personal expenses of the INSURED MEMBER, including but not limited to any of the following: (a) the INSURED MEMBER'S or his or her partner(s) salary, fees, income taxes, drawing account or any other remuneration, or (b) any expense which is not normally reimbursable under any other business expense policy.

PROFESSIONAL OVERHEAD EXPENSE INSURANCE

Preexisting Condition - "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 COVERED PERSON'S EFFECTIVE DATE. Preexisting Condition does not include: a pregnancy after such person has been continuously insured under the Policy for nine months after the EFFECTIVE DATE.

Regular Care - A disability: (a) that does not require a doctor's regular care of, or attendance to, the INSURED MEMBER; or (b) for any period of disability for which the INSURED MEMBER is not under the regular care and attendance of a doctor.

Self Inflicted Injury - A disability that is due to or related to an intentionally self-inflicted injury or occurs while intentionally injuring oneself; whether the INSURED MEMBER is sane or insane.

War - A disability that is due to or related to any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries.

For The Benefit To Be Paid For the benefit to be paid:

1. New York Life must receive satisfactory proof within 90 days after the WAITING PERIOD: (a) of the INSURED MEMBER'S TOTAL DISABILITY; (b) that the INSURED MEMBER'S Eligible Expenses were incurred while he or she is TOTALLY DISABLED; and (c) of the actual amount of the Eligible Expenses so incurred. If it is not possible to give proof within such period, it must be given as soon as reasonably possible;
2. New York Life must determine that the expense incurred is a Covered Expense; and
3. the INSURED MEMBER must complete the WAITING PERIOD.

What Benefit Is Payable The benefit payable for a Covered Expense is subject to the Maximum as stated on the Schedule page(s) and is as follows. While the benefit is in effect, the INSURED MEMBER cannot increase his or her insurance.

The benefit payable is the lesser of: (a) the actual amount of the Covered Expenses the INSURED MEMBER incurs for each month of TOTAL DISABILITY. If the INSURED MEMBER is a joint occupant of an office, a partner or member of a professional corporation, the actual amount of the Covered Expenses the INSURED MEMBER incurs for each month of TOTAL DISABILITY is the INSURED MEMBER'S monthly share of eligible office expenses. If the INSURED MEMBER is a partner or a member of a professional corporation, the actual amount of the Covered Expenses the INSURED MEMBER incurs for each month of TOTAL DISABILITY is based upon the INSURED MEMBER'S percentage of ownership; or (b) the Monthly Benefit in force on the date the INSURED MEMBER'S TOTAL DISABILITY began.

The benefit is payable: (a) within 30 days after the requirements stated in the For The Benefit To Be Paid section are met; and (b) on a monthly basis, except that: The amount payable for any period which is less than a full month, is calculated by multiplying the monthly benefit payable by the number of days of disability and dividing the product by thirty. Any balance remaining unpaid at the end of the period of liability will be made immediately upon receipt of satisfactory proof, on a pro rata basis.

Who Will Be Paid Except as stated below, the benefit will be paid to the INSURED MEMBER.

Death/Incompetency - Subject to the Facility Of Payment exception, any accrued but unpaid benefit will be paid to: (a) the INSURED MEMBER'S estate, if the INSURED MEMBER dies; or (b) a duly appointed guardian or committee of the INSURED MEMBER, if such INSURED MEMBER is a minor or is not competent to give a valid release.

Facility Of Payment - New York Life has the right to pay up to \$5,000 of the benefit to anyone who has incurred expenses for the INSURED MEMBER'S Covered Expense and who is deemed by New York Life to be equitably entitled, if any benefit becomes payable to: (a) the estate of an INSURED MEMBER; (b) an INSURED MEMBER who is a minor; or (c) an INSURED MEMBER who is not competent to give a valid release. Such payment will be proper to the extent made.

PROFESSIONAL OVERHEAD EXPENSE INSURANCE

When the Benefit Ends Except as stated in the Successive Periods Of Total Disability subsection below, the benefit will end on the earliest of:

1. the date the INSURED MEMBER'S TOTAL DISABILITY ends, other than by reason of his or her death;
2. three months after the date of the INSURED MEMBER'S death;
3. the date New York Life does not receive the required proof: (a) that the INSURED MEMBER'S TOTAL DISABILITY continues; (b) that the INSURED MEMBER'S Eligible Expenses were incurred while he or she is TOTALLY DISABLED; and/or (c) of the actual amount of the Eligible Expenses so incurred;
4. the date the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
5. the date the Maximum as stated on the Schedule page(s) has been reached.

The INSURED MEMBER will remain insured under the Policy after the benefit ends, except as stated on the When Insurance Ends page(s).

Successive Periods Of Total Disability - Successive periods of TOTAL DISABILITY will be considered one period of TOTAL DISABILITY, if such disabilities are due to: (a) the same or related causes, and are separated by less than 90 days of continuous FULL-TIME work during which the INSURED MEMBER is not TOTALLY DISABLED; or (b) different or unrelated causes, and are not separated by return to FULL-TIME work of one day or more.

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of his or her insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

HOSPITAL INDEMNITY INSURANCE - FROZEN PLAN

New York Life will pay a benefit for a COVERED DAY in accordance with all of the following:

Covered Day A COVERED DAY is each day (at least one overnight stay within a 24-hour period), the COVERED PERSON is confined in a HOSPITAL or CONVALESCENT CARE FACILITY for the treatment of an INJURY or SICKNESS, if each day of such confinement: (a) is recommended by the COVERED PERSON'S DOCTOR; (b) is not excluded in the Exclusions section; and (c) occurs while the COVERED PERSON is insured under the Policy.

Exclusions The following stays are excluded:

Cosmetic Surgery/Treatment - A stay that is due to or related to: (a) cosmetic surgery and the related medical care; or (b) any other treatment, including hair restoration, the primary purpose of which is to improve appearance.

Impairment Restrictions - A stay that is due to or related to a condition which has an IMPAIRMENT RESTRICTION. However, at any time the COVERED PERSON can give medical evidence of insurability for a condition which has an IMPAIRMENT RESTRICTION. After review of such evidence, New York Life will determine: (a) if and when such IMPAIRMENT RESTRICTION should be removed or liberalized; or (b) if it should be continued.

Military Service - A stay that is due to or related to service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

Newborn Infant Care - A stay for newborn infant care, unless such stay is incurred for the infant's INJURY or SICKNESS.

Pregnancy, Childbirth Or A Related Medical Condition - A stay that is due to a pregnancy, childbirth or a related medical condition, except for COMPLICATIONS OF PREGNANCY.

War - A stay that is due to or related to any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries.

For The Benefit To Be Paid For the benefit to be paid:

1. New York Life must receive satisfactory proof of the COVERED PERSON'S stay within 90 days after such stay begins. If it is not possible to give proof within such period, it must be given as soon as reasonably possible; and
2. New York Life must determine the COVERED DAYS of such stay.

What Benefit Is Payable Except as stated below, the benefit payable for each COVERED DAY is the Daily Benefit in force, subject to the Maximum as stated on the Schedule page(s). The benefit is payable within 30 days after receipt of satisfactory proof of the COVERED DAY. While the benefit is in effect, insurance cannot be increased.

Convalescent Care Facility - One-half the Daily Benefit in force will be payable for each COVERED DAY the COVERED PERSON is confined in a CONVALESCENT CARE FACILITY, if such confinement immediately follows a COVERED STAY in a HOSPITAL of at least 15 consecutive COVERED DAYS for which benefits were payable.

Who Will Be Paid Except as stated below, the benefit will be paid to the INSURED MEMBER.

Death/Incompetency - Subject to the Facility Of Payment exception, any accrued but unpaid benefit will be paid to: (a) the INSURED MEMBER'S estate, if the INSURED MEMBER dies; or (b) a duly appointed guardian or committee of the INSURED MEMBER, if such INSURED MEMBER is a minor or is not competent to give a valid release.

Facility Of Payment - New York Life has the right to pay up to \$250 of the benefit to anyone who has incurred expenses for the COVERED PERSON'S COVERED STAY and who is deemed by New York Life to be equitably entitled, if any benefit becomes payable to: (a) the estate of an INSURED MEMBER; (b) an INSURED MEMBER who is a minor; or (c) an INSURED MEMBER who is not competent to give a valid release. Such payment will be proper to the extent made.

When The Benefit Ends The benefit will end on the earlier of the date the: (a) COVERED STAY ends; or (b) Maximum as stated on the Schedule page(s) has been reached. The COVERED PERSON will remain insured under the Policy after the benefit ends, except as stated on the When Insurance Ends page(s).

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of his or her insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

HOSPITAL INDEMNITY INSURANCE - ACTIVE PLAN

New York Life will pay a benefit for a COVERED DAY in accordance with all of the following:

Covered Day A COVERED DAY is each day (at least one overnight stay within a 24-hour period), the COVERED PERSON is confined in a HOSPITAL for the treatment of an INJURY or SICKNESS, if each day of such confinement: (a) is recommended by the COVERED PERSON'S DOCTOR; (b) is not excluded in the Exclusions section; and (c) occurs while the COVERED PERSON is insured under the Policy. **Exception:** if a COVERED PERSON is confined in a HOSPITAL for observation, see the Observation Care benefit in the What Benefit Is Payable section.

Exclusions The following stays are excluded:

Cosmetic Surgery/Treatment - A stay that is due to or related to: (a) cosmetic surgery and the related medical care; or (b) any other treatment, including hair restoration, the primary purpose of which is to improve appearance.

Crime/Illegal Occupation/Illegal Activity - A stay that is due to or is related to the COVERED PERSON'S participation in or incarceration resulting from any of the following, in a role other than as a victim: (a) the commission of a felony; (b) an illegal Occupation or activity; (c) an insurrection; (d) terrorist activity; or (e) a riot.

Free Care - A stay for which the COVERED PERSON is not legally obligated to pay, including stays in a Veterans Administration or any other National Government owned or operated hospital.

Military Service - A stay that is due to or related to service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

Preexisting Condition - A stay that is due to or related to a Preexisting Condition, except that: this exclusion does not apply to a graduating STUDENT MEMBER who elects insurance in accordance with the Graduating Student Member exception on the When Insurance Takes Effect page(s).

"Preexisting Condition" means an INJURY OR SICKNESS or any condition related to such INJURY OR SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the 12 month period immediately before the COVERED PERSON'S EFFECTIVE DATE. Preexisting Condition does not include any such INJURY or SICKNESS or condition after such person has been continuously insured for 12 months after such EFFECTIVE DATE.

Pregnancy, Childbirth Or A Related Medical Condition - Except for COMPLICATIONS OF PREGNANCY, a stay that is due to a pregnancy, childbirth or a related medical condition that occurs within the first nine months of the COVERED PERSON'S EFFECTIVE DATE (the first 12 months for EFFECTIVE DATES on or after November 1, 2019).

Self-Inflicted Injury - A stay that is due to or related to an intentional self-inflicted injury whether the COVERED PERSON is sane or insane.

War - A stay that is due to or related to any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries.

For The Benefit To Be Paid For the benefit to be paid:

1. New York Life must receive satisfactory proof of the COVERED PERSON'S stay within 90 days after such stay begins. If it is not possible to give proof within such period, it must be given as soon as reasonably possible; and
2. New York Life must determine the COVERED DAYS of such stay.

What Benefit Is Payable Except as stated below, the benefit payable for each COVERED DAY is the Daily Benefit in force, subject to the Maximum as stated on the Schedule page(s). The benefit is payable within 30 days after receipt of satisfactory proof of the COVERED DAY. While the benefit is in effect, insurance cannot be increased.

Ambulance Benefit - If a COVERED PERSON is transferred to a HOSPITAL by a professional ambulance service, and such service results in a COVERED STAY, a \$50 benefit is payable.

Home Health Care - If a COVERED PERSON receives Home Health Care Services ("Home Health Care Services" means the services and supplies which are ordered and directed by a DOCTOR and are furnished in the COVERED PERSON'S private home by a Home Health Agency in accordance with a Home Health Care Plan. "Home Health Agency" means a public or private agency or organization licensed and operated in accordance with state law.), without which such person would require continued HOSPITAL confinement. The Home Health Care Plan ("Home Health Care Plan" means continued care and treatment of a COVERED PERSON: (a) who is under the care of a DOCTOR; and (b) who would need continued HOSPITAL confinement without such care) must be approved in writing by a DOCTOR and must begin immediately after release from HOSPITAL confinement of at least 10 consecutive days for the same or related conditions.

HOSPITAL INDEMNITY INSURANCE - ACTIVE PLAN

Intensive Care - New York Life will pay an additional 100% of the Daily Benefit, if the COVERED PERSON is under age 65, or an additional 50 % of the Daily Benefit, if the COVERED PERSON is age 65 or over, for each COVERED DAY a COVERED PERSON is confined in an Intensive Care Unit. ("Intensive Care Unit" means a cardiac care unit, an intensive care unit, or other unit or section of a HOSPITAL, which is reserved for critically ill patients, and which has: (a) specialized professional nursing care; and (b) special equipment and supplies on a standby basis. Intensive Care Unit does not include the following special units or such other specialized units: (a) step down ICU/CC units; (b) telemetry units; or (c) semi-private rooms with separate charges for telemetry.)

Observation Care Benefit - New York Life will pay a benefit equal to the COVERED PERSON'S Daily Benefit, if the COVERED PERSON must be assigned or admitted for observation in a HOSPITAL by a DOCTOR as documented by admission, discharge, or other appropriate progress notes that are timed, written, and signed by the DOCTOR. Observation care is appropriate as indicated by care requirements when it is beyond the scope of usual outpatient care, but is expected to be short term, usually less than 24 hours. This benefit will not be paid if receiving any other benefit or in a COVERED STAY.

Outpatient Emergency Accident Benefit - New York Life will pay a benefit equal to the COVERED PERSON'S Daily Benefit if the COVERED PERSON, under AGE 65, has received medical treatment on an outpatient basis in a HOSPITAL or AMBULATORY SURGICAL CENTER and the medical treatment was received within 48 hours of an accident causing INJURY which requires treatment on an emergency basis.

Outpatient Surgery Benefit - New York Life will pay a benefit equal to the COVERED PERSON'S Daily Benefit if the COVERED PERSON has surgery performed by a DOCTOR on an outpatient basis in a HOSPITAL or AMBULATORY SURGICAL CENTER.

Skilled Nursing Facility - New York Life will pay 50% of the COVERED PERSON'S Daily Benefit if: (a) the COVERED PERSON is confined in a SKILLED NURSING FACILITY before age 65; and (b) such confinement begins within seven days of a COVERED STAY in a HOSPITAL of at least five consecutive COVERED DAYS for which benefits were payable. The benefit will be payable subject to the Maximum section of the Schedule page.

Who Will Be Paid Except as stated below, the benefit will be paid to the INSURED MEMBER.

Death/Incompetency - Subject to the Facility Of Payment exception, any accrued but unpaid benefit will be paid to: (a) the INSURED MEMBER'S estate, if the INSURED MEMBER dies; or (b) a duly appointed guardian or committee of the INSURED MEMBER, if such INSURED MEMBER is a minor or is not competent to give a valid release.

Facility Of Payment - New York Life has the right to pay up to \$250 of the benefit to anyone who has incurred expenses for the COVERED PERSON'S COVERED STAY and who is deemed by New York Life to be equitably entitled, if any benefit becomes payable to: (a) the estate of an INSURED MEMBER; (b) an INSURED MEMBER who is a minor; or (c) an INSURED MEMBER who is not competent to give a valid release. Such payment will be proper to the extent made.

When the Benefit Ends Except as stated in the Successive Periods of Confinements subsection below, the benefit will end on the earlier of the date the: (a) COVERED STAY ends; or (b) Maximum as stated on the Schedule page(s) has been reached. The COVERED PERSON will remain insured under the Policy after the benefit ends, except as stated on the When Insurance Ends page(s).

Successive Periods Of Confinements - Successive periods of confinement will be considered one unless: (a) they are separated by 90 consecutive days during which the COVERED PERSON is not confined to an institution for medical care or treatment; or (b) they are due to different or unrelated causes.

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of his or her insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

RABIES PROPHYLAXIS BENEFIT [Basic Protection Benefit]

New York Life will pay a benefit for a COVERED PERSON'S expense in accordance with all of the following, if New York Life: (1) receives satisfactory proof of the expense within 90 days after the date of such expense. If it is not possible to give proof within such period, it must be given as soon as reasonably possible; and (2) determines that the expense is a Covered Expense.

The benefit is payable within 30 days after receipt of satisfactory proof of the COVERED PERSON'S expense.

Covered Expense A Covered Expense is an Eligible Expense which a COVERED PERSON incurs for MEDICAL CARE while insured under the Policy, if such expense is: (a) outlined in the Eligible Expenses section; (b) not excluded in the Exclusions section; (c) MEDICALLY NECESSARY; and (d) the lesser of the charge: (1) usually made by a provider for services or supplies; or (2) most other providers in the same locality would make for the same, or comparable, services or supplies, as determined by New York Life.

A charge is considered to have been incurred on the day that rabies prophylaxis is provided.

Eligible Expenses The following charges are Eligible Expenses, only to the extent outlined below:

Doctor - A charge by a DOCTOR for giving rabies prophylaxis injections.

Hospital - A charge by a HOSPITAL for rabies prophylaxis injections given by a DOCTOR.

Rabies Titers - A charge by for one or more rabies titers (tests to determine anti-bodies for rabies) during a calendar year when recommended by a DOCTOR.

What Benefit Is Payable

Rabies Prophylaxis - If a COVERED PERSON: (a) requires pre-exposure rabies prophylaxis shots; or (b) is exposed to an animal thought to be rabid, New York Life will pay the charge for each rabies prophylaxis injection, but not more than a maximum benefit of \$600 per COVERED PERSON per calendar year; except for the Student Member Basic Protection Package Plan, not more than a maximum benefit of \$300 per INSURED MEMBER while insured under such plan. The Student Member Basic Protection Package Plan will pay up to \$100 for each rabies prophylaxis injection and/or \$50 for each rabies titer, up to the maximum benefit of \$300.

Exclusions The following are excluded:

Government/Free Care - A charge for care that: (a) is provided or is paid by any government or governmental agency; or (b) is provided by any person or entity, if the person or entity normally does not charge for such care; except where prohibited by law.

Military Service - A charge for rabies prophylaxis injections that result from service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

Self-Administered Injection - A self-administered rabies prophylaxis injection will not be covered.

War - A charge for rabies prophylaxis injections that result from any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries.

Who Will Be Paid Except as stated below, the benefit will be paid to the INSURED MEMBER.

Death/Incompetency - Subject to the Facility Of Payment exception, any accrued but unpaid benefit will, at New York Life's option, be paid as follows: (a) if the INSURED MEMBER dies: (1) to the INSURED MEMBER'S surviving lawful married spouse; (2) if his or her lawful married spouse does not survive, equally to the INSURED MEMBER'S surviving children; or (3) if no children survive, to the executors or administrators of the INSURED MEMBER'S estate; or (b) if the INSURED MEMBER is not competent to give a valid release, to the duly appointed guardian or committee of the INSURED MEMBER.

Facility Of Payment - New York Life has the right to pay up to \$250 of any unpaid benefit to anyone who has incurred expenses for the INSURED MEMBER'S Covered Expenses and who is deemed by New York Life to be equitable entitled, if payment becomes payable to: (a) the estate of the INSURED MEMBER; (b) a person who is a minor; or (c) a person who is, in New York Life's opinion, not legally able to give a valid receipt for such payment. Such payment will be proper to the extent made.

Provider - All or part of the benefit will be paid to the provider of services if the INSURED MEMBER so directs New York Life in writing.

WHEN INSURANCE ENDS

Except as stated on the Continuance page(s), a COVERED PERSON'S insurance will end on the earliest of:

1. for an INSURED MEMBER who is a MEMBER or STUDENT MEMBER, the October 31st after the date he or she is no longer a MEMBER;
2. for the STUDENT MEMBER who is insured for CAREER-START PLAN or the Student Member Basic Protection Package Plan, (a) the first day of the month on or after the date he or she is no longer a STUDENT MEMBER in full-time attendance at a veterinary school designated by the Policyholder for any reason except graduation from such school; or (b) if due to graduation, the May 1st of the year of graduation; except that: Insurance will not end for the insured STUDENT MEMBER'S Covered Total Disability. The insured STUDENT MEMBER must immediately notify New York Life of the date that full-time veterinary school attendance ended. If it is not reasonably possible to notify New York Life immediately, notification must be made as soon as reasonably possible. In no event will benefits be paid after the date insurance would otherwise end due to full-time veterinary school attendance ending;
3. for each line of insurance, the last day of the INSURANCE PERIOD for which the last CONTRIBUTION has been paid for the COVERED PERSON, except that: Insurance will not end if the CONTRIBUTION for such insurance is paid within 31 days after such day;
4. the COVERED PERSON'S TERMINATION AGE DATE, if applicable;
5. for Disability Income Insurance and Professional Overhead Expense Insurance, the day before May 1st after the INSURED MEMBER is no longer at FULL-TIME work for any reason other than the INSURED MEMBER'S TOTAL DISABILITY. The INSURED MEMBER must immediately notify New York Life of the date that FULL-TIME work ended. If it is not reasonably possible to notify New York Life immediately, notification must be made as soon as reasonably possible;
6. for AD&D Insurance, Disability Income Insurance, Professional Overhead Expense Insurance and Hospital Indemnity Insurance, the day before the day the COVERED PERSON begins ACTIVE DUTY IN THE ARMED FORCES, with the applicable CONTRIBUTIONS refunded pro rata. However, if requested by the INSURED MEMBER and approved by New York Life, insurance will continue if the CONTRIBUTION is paid;
7. for AD&D and Hospital Indemnity Insurance, the day before the day the INSURED MEMBER, who chose to continue his or her DEPENDENT INSURANCE, is no longer on ACTIVE DUTY IN THE ARMED FORCES, if he or she does not become re-insured for MEMBER INSURANCE under the Policy within four months after the date ACTIVE DUTY IN THE ARMED FORCES ended;
8. for Professional Overhead Expense Insurance, the date New York Life receives written notice to end such insurance because the INSURED MEMBER no longer owns or is financially responsible for the facility on which such insurance was based, with the applicable CONTRIBUTIONS refunded pro rata;
9. for the Own Occupation Options of the Disability Income Insurance - Long Term Disability, the date the INSURED MEMBER ceases to be engaged in the practice of veterinary medicine;
10. for an INSURED DEPENDENT, the date the INSURED MEMBER'S corresponding line of MEMBER INSURANCE ends, except that: An INSURED MEMBER may choose to continue his or her Hospital Indemnity for his or her INSURED DEPENDENTS when such INSURED MEMBER begins ACTIVE DUTY IN THE ARMED FORCES;
11. for an INSURED DEPENDENT, the date the INSURED DEPENDENT no longer meets the DEPENDENT STATUS REQUIREMENTS;
12. the date New York Life receives the COVERED PERSON'S request to end such coverage; or
13. the day before the day the Policy ends or is changed to end insurance for the group of insureds to which the COVERED PERSON belongs.

CONTINUANCE - LIFE AND DEPENDENT LIFE INSURANCE

Insurance in force on each COVERED PERSON will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Survivor Dependent Benefit Dependent Life Insurance in force on the day the INSURED MEMBER dies will continue, if:

1. the conversion right available upon the death of the INSURED MEMBER has not been exercised; and
2. the CONTRIBUTION is paid.

The amount of such insurance is subject to the changes at the AGES stated on the Schedule page(s). The SURVIVOR SPOUSE can change the amount of insurance in accordance with the applicable provision of the Requests section on the When Insurance Takes Effect page(s).

The benefit will end on the date insurance would otherwise end as stated on the When Insurance Ends page(s).

Waiver Of Contribution Benefit Life and Dependent Life Insurance in force on the date the INSURED MEMBER becomes TOTALLY DISABLED will continue without the payment of CONTRIBUTIONS, if:

1. the INSURED MEMBER becomes TOTALLY DISABLED while insured under the Policy and before AGE 60. Exceptions: (1) AGE 65 for INSURED MEMBERS with EFFECTIVE DATES on or before October 31, 2003 who are AGE 60 or older as of November 1, 2003; and for a TOTAL DISABILITY which commenced on or after November 1, 1988 but before November 1, 2003; and (2) the age requirement does not apply for a TOTAL DISABILITY which commenced before November 1, 1988;
2. New York Life receives satisfactory proof that the INSURED MEMBER has been TOTALLY DISABLED for at least six consecutive months. Such proof must be received within one year after the date such TOTAL DISABILITY began, except that: If the INSURED MEMBER dies, proof of the uninterrupted existence of TOTAL DISABILITY from the date TOTAL DISABILITY began until the date of death must be received within one year after: (a) TOTAL DISABILITY began, if death occurs before this benefit is approved; or (b) death, if death occurs while this benefit is in effect. These time requirements will be extended for up to an additional two years if reasonable, or longer if the claimant is legally incompetent;
3. all individual policies, converted from this insurance after the date the INSURED MEMBER became TOTALLY DISABLED, are surrendered to New York Life without claim, except for a return of premium paid, less dividends and indebtedness; and
4. New York Life approves the benefit.

The amount of insurance continued under this benefit is subject to the changes at the AGES stated on the Schedule page(s). While the benefit is in effect insurance cannot be increased on the COVERED PERSON.

CONTRIBUTIONS paid for any INSURANCE PERIOD after the date such TOTAL DISABILITY has lasted six consecutive months will be refunded for up to one year before the date proof of the INSURED MEMBER'S TOTAL DISABILITY was received by New York Life. CONTRIBUTIONS should continue until New York Life approves the benefit.

The benefit will end on the earliest of the date:

1. the INSURED MEMBER is no longer TOTALLY DISABLED;
2. New York Life does not receive the required proof that the INSURED MEMBER remains TOTALLY DISABLED;
3. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the INSURED MEMBER reaches the TERMINATION AGE DATE.

Insurance in force on the date the benefit ends will continue, except as stated on the When Insurance Ends page(s). Insurance on an INSURED DEPENDENT will end before the benefit ends, if such dependent: (a) reaches his or her TERMINATION AGE DATE; or (b) no longer meets the DEPENDENT STATUS REQUIREMENTS.

CONTINUANCE - AD&D INSURANCE

Insurance in force on each COVERED PERSON will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Dependent Continuation Benefit DEPENDENT INSURANCE in force and which would otherwise end due to the INSURED MEMBER'S: (a) dissolution of marriage or domestic partnership; (b) death; or (c) retirement, provided the INSURED SPOUSE is at least AGE 55; will continue, if the CONTRIBUTION is paid.

The benefit will end on the date insurance would otherwise end as stated on the When Insurance Ends page(s), except that: Insurance will not end during the first 120 consecutive days after the INSURED MEMBER'S dissolution of marriage or domestic partnership, death or retirement unless the Policy is changed or terminated for all COVERED PERSONS.

A SURVIVOR SPOUSE can change the Principal Sum in accordance with the applicable provision of the Requests section on the When Insurance Takes Effect page(s).

Waiver of Contribution Benefit Insurance in force on the date the INSURED MEMBER becomes TOTALLY DISABLED will continue without the payment of CONTRIBUTIONS, if:

1. the INSURED MEMBER becomes TOTALLY DISABLED while insured under the Policy and before AGE 60. Exceptions: (1) AGE 65 for INSURED MEMBERS with EFFECTIVE DATES on or before October 31, 2003 who are AGE 60 or older as of November 1, 2003; and for a TOTAL DISABILITY which commenced on or after November 1, 1988 but before November 1, 2003; and (2) the age requirement does not apply for a TOTAL DISABILITY which commenced before November 1, 1988;
2. New York Life receives satisfactory proof that the INSURED MEMBER has been TOTALLY DISABLED for at least six consecutive months. Such proof must be received within one year after the date such TOTAL DISABILITY began, except that: If death or dismemberment occurs, proof of the uninterrupted existence of TOTAL DISABILITY from the date TOTAL DISABILITY began until the date of death or dismemberment must be received within one year after: (a) TOTAL DISABILITY began, if death or dismemberment occurs before this benefit is approved; or (b) death or dismemberment, if death or dismemberment occurs while this benefit is in effect. These time requirements will be extended for up to an additional two years if reasonable, or longer if the claimant is legally incompetent; and
3. New York Life approves the benefit.

While the benefit is in effect insurance cannot be increased on the COVERED PERSON.

CONTRIBUTIONS paid for any INSURANCE PERIOD after the date such TOTAL DISABILITY has lasted for six consecutive months will be refunded for up to one year before the date proof of the INSURED MEMBER'S TOTAL DISABILITY was received by New York Life. CONTRIBUTIONS should continue until New York Life approves the benefit.

The benefit will end on the earliest of the date:

1. the INSURED MEMBER is no longer TOTALLY DISABLED;
2. New York Life does not receive the required proof that the INSURED MEMBER remains TOTALLY DISABLED;
3. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the INSURED MEMBER reaches the TERMINATION AGE DATE.

Insurance in force on the date the benefit ends will continue, except as stated on the When Insurance Ends page(s).

For AD&D - Large Scale, insurance on an INSURED SPOUSE will end before the benefit ends, if:

1. the INSURED MEMBER reaches his or her TERMINATION AGE DATE; or
2. such INSURED SPOUSE no longer meets the DEPENDENT STATUS REQUIREMENTS.

CONTINUANCE - DISABILITY INCOME INSURANCE

Insurance in force on each INSURED MEMBER will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Waiver Of Contribution Benefit New York Life will waive the payment of an INSURED MEMBER'S CONTRIBUTION:

1. if such INSURED MEMBER suffers a Covered Total Disability before AGE 65 and such Covered Total Disability continues for six consecutive months, except that: For a Covered Total Disability which commenced before November 1, 1988, the AGE 65 requirement does not apply; and
2. during the period such INSURED MEMBER is receiving Covered Disability benefits after the initial six month period.

CONTRIBUTIONS paid for any INSURANCE PERIOD after the date such Covered Total Disability has lasted for six consecutive months will be refunded for up to one year before the date proof of the INSURED MEMBER'S Covered Total Disability was received by New York Life.

The benefit will end on the earliest of the date:

1. the INSURED MEMBER'S Covered Disability ends;
2. New York Life does not receive the required proof that the INSURED MEMBER'S Covered Disability continues;
3. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the INSURED MEMBER'S TERMINATION AGE DATE.

Specimen

CONTINUANCE - PROFESSIONAL OVERHEAD EXPENSE INSURANCE

Insurance in force on each INSURED MEMBER will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Waiver Of Contribution Benefit New York Life will waive the payment of an INSURED MEMBER'S CONTRIBUTION:

1. if such INSURED MEMBER becomes TOTALLY DISABLED while insured under the Policy and before AGE 65 and the TOTAL DISABILITY continues for six consecutive months; Except that: For a TOTAL DISABILITY which commenced before November 1, 1988, the AGE 65 requirement does not apply; and
2. during the period such INSURED MEMBER is receiving Covered Expense benefits after the initial six month period.

CONTRIBUTIONS paid for any INSURANCE PERIOD after the date such TOTAL DISABILITY has lasted for six consecutive months will be refunded for up to one year before the date proof of the INSURED MEMBER'S TOTAL DISABILITY was received by New York Life.

The benefit will end on the earliest of the date:

1. the date the INSURED MEMBER'S TOTAL DISABILITY ends;
2. the date New York Life does not receive the required proof: (a) that the INSURED MEMBER'S TOTAL DISABILITY continues; (b) that the INSURED MEMBER'S Eligible Expenses were incurred while he or she is TOTALLY DISABLED; and/or (c) of the actual amount of the Eligible Expenses so incurred;
3. the date the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the INSURED MEMBER'S TERMINATION AGE DATE.

Specimen

CONTINUANCE - HOSPITAL INDEMNITY INSURANCE

Insurance in force on each COVERED PERSON will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Dependent Continuation Benefit DEPENDENT INSURANCE in force and which would otherwise end due to the INSURED MEMBER'S:

1. dissolution of marriage or domestic partnership;
2. death; or
3. retirement, provided the INSURED SPOUSE is at least AGE 55;

will continue, if the CONTRIBUTION is paid.

The benefit will end on the date insurance would otherwise end as stated on the When Insurance Ends page(s), except that: Insurance will not end during the first 120 consecutive days after the INSURED MEMBER'S dissolution of marriage or domestic partnership, death or retirement unless the Policy is changed or terminated for all COVERED PERSONS.

A SURVIVOR SPOUSE can change the Daily Benefit in accordance with the applicable provision of the Requests section on the When Insurance Takes Effect page(s).

Existing Claim Benefits will be payable for a continuous uninterrupted COVERED STAY which began before the date insurance would otherwise have ended and which continues on or after such date without the payment of CONTRIBUTIONS. The benefit will end on the earlier of the date: (a) the COVERED STAY ends; or (b) the Maximum as stated on the Schedule page(s) has been reached.

Handicapped Child Benefit Insurance in force will continue for an INSURED CHILD who has: (a) reached the TERMINATION AGE DATE; and (b) a Handicap ("Handicap" means a physical or mental disability which: (1) renders the INSURED CHILD incapable of self-sustaining employment; and (2) requires dependency on the INSURED MEMBER for support or, in the event of the INSURED MEMBER'S death, on the family for support); if:

1. New York Life receives satisfactory proof of such Handicap within 31 days after the date such child's insurance would otherwise have ended due to reaching the TERMINATION AGE DATE; and
2. the CONTRIBUTION is paid.

The benefit will end on the earliest of the following:

1. the date such child is no longer so Handicapped;
2. the date New York Life does not receive the required proof that such child remains Handicapped as required by New York Life, but no more frequently than annually; or
3. the date insurance would otherwise end as stated on the When Insurance Ends page(s).

Total Disability Benefit Benefits will be payable for a COVERED STAY which began after the date insurance would otherwise have ended and insurance will continue without the payment of CONTRIBUTIONS, if a COVERED PERSON: (a) is TOTALLY DISABLED on the date insurance would otherwise have ended; and (b) incurs a COVERED STAY due to the same INJURY or SICKNESS which caused the TOTAL DISABILITY within three months after such date. The benefit will end on the earlier of the date: (a) the COVERED STAY ends; or (b) the Maximum as stated on the Schedule page(s) has been reached.

CONTINUANCE - HOSPITAL INDEMNITY INSURANCE

Waiver Of Contribution Benefit With respect to disabilities that commenced before November 1, 1988, New York Life will waive the payment of an INSURED MEMBER'S CONTRIBUTION as stated below, if:

1. such INSURED MEMBER is totally disabled so as to be incapacitated from an injury or sickness that he or she suffers while he or she is insured under the Policy, but only if such incapacity completely and continuously prevents the INSURED MEMBER from doing the material and substantial duties of his or her occupation and he or she is not engaging in any gainful Occupation ("Totally Disabled"). Such disability does not include any incapacity resulting from the following: (a) a self-inflicted injury; (b) any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries; (c) service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force; and (d) pregnancy, except for COMPLICATIONS OF PREGNANCY.
2. such Total Disability continues for six consecutive months.

CONTRIBUTIONS paid for any INSURANCE PERIOD after the date such Total Disability has lasted for six consecutive months will be refunded for up to one year before the date proof of the INSURED MEMBER'S Total Disability was received by New York Life.

The benefit will end on the earliest of the date:

1. the INSURED MEMBER is no longer Totally Disabled;
2. New York Life does not receive the required proof that the INSURED MEMBER remains Totally Disabled;
3. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the INSURED MEMBER reaches the TERMINATION AGE DATE.

CONVERSION RIGHTS - LIFE AND DEPENDENT LIFE INSURANCE

A COVERED PERSON can convert insurance that ends to an individual policy, without giving New York Life medical evidence of insurability, in accordance with all of the following:

When A Conversion Right Is Available A conversion right is available to each COVERED PERSON for whom Decreasing Term Life insurance ends or Family Group Life insurance ends or reduces, if insurance ends or reduces for any reason other than nonpayment of the CONTRIBUTION. However, a conversion right is only available, if insurance ends on an: (a) INSURED MEMBER because the Policy terminates or changes for the group of insureds to which he or she belongs and he or she has been continuously insured under the Policy for at least five years; (b) INSURED DEPENDENT because the Policy changes for the group of insureds to which he or she belongs and he or she has been continuously insured under the Policy for at least one year; or (c) INSURED DEPENDENT because the Policy terminates, if: (1) he or she has been continuously insured under the Policy for at least one year; and (2) the INSURED MEMBER to whom he or she is related has been continuously insured under the Policy for at least five years.

Conversion Period Benefit The maximum amount of insurance the COVERED PERSON is eligible to convert will continue without payment of the CONTRIBUTION during the Conversion Period. ("Conversion Period" is the 31 day period, immediately after the date insurance would otherwise end or is reduced, during which a COVERED PERSON can exercise a conversion right.)

What Amount Can Be Converted The COVERED PERSON can convert all or any part of the insurance that ends or reduces, except that: When the Policy terminates or changes to end insurance for the group of insureds to which the COVERED PERSON belongs, the COVERED PERSON can convert the lesser of: (a) all or any part of the insurance that ends, less the amount of any replacement insurance which he or she can obtain within the Conversion Period; or (b) \$10,000.

Individual Policy The individual policy requirements are as follows: (a) a completed, written application for the individual policy must be given to New York Life, within the Conversion Period, on a form satisfactory to New York Life; (b) the first premium for the individual policy must be paid within the Conversion Period; (c) the premium for the individual policy will be based upon the applicant's class of risk and age; (d) the individual policy will be on one of the forms currently offered by New York Life, except term insurance, and will be issued without disability or other supplementary benefits; and (e) the individual policy will take effect on the day after the Conversion Period Benefit ends. The individual policy may provide less coverage at a higher premium than that provided for under the group Policy.

Notice Of Conversion Right If a COVERED PERSON has not been given notice of his or her conversion right before the 15th day of the Conversion Period, he or she will have an additional period within which he or she can exercise a conversion right. The additional period will: (a) not extend insurance beyond the end of the 31 day Conversion Period; and (b) end on the earlier of the: (1) 15th day after such COVERED PERSON is given such notice; or (2) 60th day after the end of the 31 day Conversion Period. Written notice presented to the COVERED PERSON or mailed to his or her last known address by New York Life or the Policyholder will be deemed notice.

DEFINITIONS

ACCIDENT means, for Disability Income Insurance, a bodily injury suffered by an INSURED MEMBER, if: (a) such bodily injury is the result of an accident; and (b) the disability resulting from such accident starts within 180 days of such accident.

ACTIVE DUTY IN THE ARMED FORCES means, for all health insurance, full-time active duty in the military, naval or air service of any country, except that: Duty for training purposes of two months or less will not be considered ACTIVE DUTY IN THE ARMED FORCES.

AGE means, as of any date:

1. for premium purposes, a person's attained age on the immediately preceding November 1, except that: If a person's birthday is November 1, AGE means the person's attained age on his or her birthday;
2. for benefit changes and terminations due to increases in age, a person's attained age on the immediately preceding May 1, except that: If a person's birthday is May 1, AGE means the person's attained age on his or her birthday; and
3. for all other instances, a person's attained age.

AMBULATORY SURGICAL CENTER means a licensed institution whose primary purpose is the performance of surgery, if such institution has: (a) permanent facilities and all equipment necessary for surgery; (b) a staff of one or more DOCTORS; (c) a medical staff for patient care, if such staff includes registered professional nurses; and (d) a contract with a hospital for immediate acceptance of patients who require post-operative confinement. AMBULATORY SURGICAL CENTER does not include a private office or clinic of one or more doctors.

APPLICANT means an ELIGIBLE MEMBER or an INSURED MEMBER who, for any line of insurance available to him or her under the Policy, is an ELIGIBLE MEMBER with respect to initial insurance, a change in insurance which results in an increase in benefits, or for restoration of insurance.

ASSOCIATION means The American Veterinary Medical Association.

AVERAGE NET MONTHLY INCOME means, for Disability Income Insurance, the following:

1. for a person who is not self-employed, his or her: (a) basic rate of monthly pay from his or her employer(s); and (b) average of commissions and bonuses earned in the 12 months, or if it produces a higher average, in the 24 months, before the determination is made;
2. with respect to EFFECTIVE DATES prior to March 1, 1999 or on or after May 1, 2002, for a person who is self-employed, his or her: (a) wages, salaries, fees and any other amounts received for personal services; and (b) if his or her practice is incorporated, the cost of his or her fringe benefits and share of the monthly net profit of the corporation, whether received or not received, based on the person's share of stock ownership; for the 12 months, or if it produces a higher average, for the 24 months, before the determination is made. However, if the person has been self-employed for less than 12 months, the determination will be based on the full period he or she was self-employed; and/or
3. with respect to EFFECTIVE DATES of March 1, 1999 through April 30, 2002, for a person who is self-employed, his or her: (a) wages, salaries, fees and any other amounts received for personal services; and (b) if his or her practice is incorporated, the cost of his or her fringe benefits; for the 12 months, or if it produces a higher average, for the 24 months, before the determination is made. However, if the person has been self-employed for less than twelve months, the determination will be based on the full period he or she was self-employed.

These income amounts are computed: (a) before deduction of any income taxes or social insurance taxes; and (b) after deduction of normal and usual business expenses that are deductible for income tax purposes. AVERAGE NET MONTHLY INCOME does not include income from interest, dividends, rent, royalties, annuities, other insurance, other unearned income and overtime.

BASIC PROTECTION BENEFITS means the following for MEMBER: (a) Life Insurance - Decreasing Term Life; (b) AD&D - Basic; (c) Rabies Prophylaxis Benefit and (d) \$1,000 Long Term Disability insurance for STUDENT MEMBER: (a) Term Life Insurance; (b) Disability Income; and (c) Rabies Prophylaxis Benefit.

CALENDAR YEAR means the period from January 1 through December 31 of the same year.

DEFINITIONS

CAREER-START PLAN means the insurance available to a non-graduate STUDENT MEMBER.

CHEMICAL DEPENDENCY means, for Hospital Indemnity Insurance, the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

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).

CONTINGENT BENEFICIARY means, for Life and AD&D Insurance, the person(s) named to receive the proceeds, if no PRIMARY BENEFICIARY survives.

CONTRIBUTION means the applicable full periodic payment toward the premium, received by the Policyholder, which is necessary for insurance to take effect on the EFFECTIVE DATE and/or for insurance to continue in force under the Policy. CONTRIBUTION is determined by the Policyholder and is due on each CONTRIBUTION DATE.

CONTRIBUTION DATE means the following dates on or before which the CONTRIBUTION must be paid to the Policyholder:

1. initially:
 - a. the EFFECTIVE DATE. However, with respect to a child who becomes insured for Dependent Life and/or Hospital Indemnity Insurance in accordance with the Newborn Child exception on the When Insurance Takes Effect page(s), such child's initial CONTRIBUTION DATE is the first day of the month on or after the date such child becomes an ELIGIBLE CHILD; or
 - b. if by agreement between the Policyholder and New York Life and without individual selection, within 31 days after the EFFECTIVE DATE.

The first CONTRIBUTION will be reduced pro rata if the INSURANCE PERIOD from the EFFECTIVE DATE to the next CONTRIBUTION DATE is less than: 6 months if the mode of payment is semiannual; or 3 months if the mode of payment is quarterly; and

2. thereafter, based on the mode of payment elected by the INSURED MEMBER and accepted by the Policyholder, each:
 - a. November 1 and May 1 for the semiannual mode of payment; or
 - b. November 1, February 1, May 1 and August 1 for the quarterly mode of payment.

DEFINITIONS

CONVALESCENT CARE FACILITY means, for Hospital Indemnity Insurance, a licensed institution primarily engaged in providing skilled nursing and rehabilitation services to sick or injured inpatients on a post-HOSPITAL basis, and which provides: (a) room and board; (b) continuous nursing service on the premises under the full-time supervision of a DOCTOR or a registered or graduate nurse; (c) the services of a DOCTOR available under an established agreement; (d) daily medical records for each patient; (e) planned programs and procedures developed and reviewed periodically by a professional group of at least one DOCTOR or a registered or graduate nurse; and (f) appropriate methods and procedures for handling and administering drugs and biologicals.

CONVALESCENT CARE FACILITY does not include: a HOSPITAL; a rest home; a maternity home; a facility for educational care; a place for care of the aged, blind, deaf, alcoholics, mentally ill or drug addicts; a retirement community and/or adult residences; a group housing community; and/or a place for custodial care.

COVERED DAY means, for Hospital Indemnity Insurance, each day the COVERED PERSON is confined in a HOSPITAL or CONVALESCENT CARE FACILITY, if each day of the confinement satisfies the conditions stated in the COVERED DAY section on the Hospital Indemnity page(s).

COVERED PERSON means an INSURED MEMBER or an INSURED DEPENDENT.

COVERED STAY means, for Hospital Indemnity Insurance, the consecutive COVERED DAYS for which a COVERED PERSON is confined in a HOSPITAL or CONVALESCENT CARE FACILITY, as stated in the COVERED DAY section on the Hospital Indemnity page(s). However, a subsequent COVERED STAY will be considered one COVERED STAY if the COVERED STAYS are: (a) due to the same or related causes; and (b) separated by less than 90 consecutive days.

CPI-U means, for Disability Income Insurance, the Consumer Price Index For All Urban Consumers, All Items, as published by the Bureau Of Labor Statistics. If the CPI-U, in New York Life's opinion, is no longer a valid index for the purpose of the Cost Of Living Option, or is no longer published by the Bureau Of Labor Statistics, New York Life will use a new index.

CURRENT MONTHLY INCOME means, for Disability Income Insurance, the INSURED MEMBER'S average monthly income for the most recent six months, or for the entire period if shorter, since the INSURED MEMBER resumed a gainful Occupation.

DEPENDENT CHILD UNIT means, on any given day, all the INSURED CHILDREN of each INSURED MEMBER.

DEPENDENT INSURANCE means an INSURED MEMBER'S insurance for his or her INSURED DEPENDENT(S).

DEPENDENT STATUS REQUIREMENTS means, for a dependent of an APPLICANT, the following:

1. for a spouse: (a) be the lawful, married spouse or domestic partner of the APPLICANT; and (b) not be an INSURED MEMBER; or
2. for a child: (a) be unmarried; (b) not be an INSURED MEMBER; and (c) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, be substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship be substantially dependent upon the family for support.

DOCTOR means all medical care providers recognized as such by the state in which they practice, provided that the services performed are within the lawful scope of the provider's practice and Occupational license.

DOCTOR does not include the COVERED PERSON or his or her: parent; guardian; spouse; brother; sister; natural, step, adopted or foster child; grandparent; in-law; or a person residing in the COVERED PERSON'S household.

EFFECTIVE DATE means the date that initial, changed or restored insurance takes effect as follows: (a) for Hospital Indemnity Insurance, the first day of the month coinciding with or otherwise next following the date New York Life receives the request for such insurance; (b) for the CAREER-START PLAN and the Student Member Basic Protection Package Plan, the date New York Life receives the request for such insurance; and (c) for all other coverages, the day New York Life approves such insurance or a later date requested by the APPLICANT and approved by New York Life.

DEFINITIONS

ELIGIBLE DEPENDENT means, for any line of insurance which is available to the group of dependents to which such dependent belongs, a dependent who is one of the following:

An APPLICANT'S:

1. lawful married spouse or domestic partner (“domestic partner” means a person with whom an ELIGIBLE MEMBER maintains a Committed Relationship. “Committed Relationship” means a familial relationship between two individuals characterized by mutual caring and the sharing of a mutual residence”), who is: (a) identified on the request for group insurance; (b) with respect to a domestic partner, completes and submits the Declaration of Domestic Partnership; and (c) not a resident of an EXCLUDED STATE; or
2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) for Dependent Life Insurance, at least 14 days old; (d) for Dependent Life Insurance, less than age 23; (e) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (f) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.

If both parents of an ELIGIBLE CHILD are INSURED MEMBERS, such child will be considered an ELIGIBLE DEPENDENT of only one parent.

ELIGIBLE DEPENDENT does not include a person:

1. who, with respect to a particular line of insurance, is an INSURED MEMBER;
2. for Hospital Indemnity Insurance, who is on ACTIVE DUTY IN THE ARMED FORCES; and/or
3. for Dependent Life Insurance, for whom dependent insurance is requested under the Policy by reason of the APPLICANT'S membership in the ASSOCIATION, if the dependent is currently insured under an individual policy obtained by exercise of a conversion right which was available under the Policy upon termination of such membership.

References to **ELIGIBLE SPOUSE** and **ELIGIBLE CHILD(REN)** mean the same as ELIGIBLE DEPENDENT spouse or domestic partner and ELIGIBLE DEPENDENT child(ren), respectively.

ELIGIBLE MEMBER means a MEMBER or a STUDENT MEMBER who is not a resident of an EXCLUDED STATE and:

1. For a MEMBER:
 - a. with respect to BASIC PROTECTION BENEFITS and Family Group Life, is less than AGE 70;
 - b. with respect to the Chronic Illness Option, is less than AGE 65;
 - c. with respect to Long Term Disability, is: (1) less than AGE 70; and (2) at FULL-TIME work;
 - d. with respect to Short Term Disability is: (1) less than AGE 65; and (2) at FULL-TIME work;
 - e. with respect to AD&D - Large Scale, is: less than AGE 65;
 - f. with respect to Professional Overhead Expense Insurance: (1) is less than AGE 70; (2) operates a business facility which incurs overhead expenses; and (3) is at FULL-TIME work; and
 - g. with respect to Hospital Indemnity Insurance: (1) is less than AGE 65; and (2) not be eligible for Medicare.
2. For a STUDENT MEMBER:
 - a. with respect to the Student Member Basic Protection Package Plan, is: (1) at least AGE 18, but less than AGE 65; and (2) a full-time veterinary student at a veterinary school designated by the Policyholder;
 - b. with respect to Hospital Indemnity Insurance: (1) is less than AGE 65; and (2) not eligible for Medicare; and
 - c. with respect to STUDENT MEMBER Non-Contributory Life Insurance is a full-time veterinary student at a veterinary school designated by the Policyholder.

DEFINITIONS

ELIGIBLE MEMBER does not include a person who:

1. for Life Insurance - Decreasing Term Life, Life Insurance - Family Group Life, or Life Insurance under the Student Member Basic Protection Package Plan, requests insurance under the Policy by reason of membership in the ASSOCIATION, if such person is currently insured under an individual policy obtained by exercise of the conversion right which was available under the Policy upon termination of such membership;
2. for all health insurance, is on ACTIVE DUTY IN THE ARMED FORCES;
3. with respect to a particular line of insurance, is an INSURED DEPENDENT.

EXCLUDED STATE means: (a) the Province Of Quebec; and (b) anywhere else, except the fifty states of the United States Of America, the District Of Columbia, Puerto Rico or any other province of the Dominion Of Canada.

FULL-TIME means the active performance of the regular duties for pay or profit of one's normal occupation on a basis of at least 20 hours each week at a place where such duties are normally performed or other location to which travel is required.

HOSPITAL means, for Hospital Indemnity Insurance:

1. a licensed institution primarily engaged in providing medical services for inpatients, if such institution has:
 - a. permanent facilities for diagnosis and surgery, except that: The surgery requirement does not apply to a HOSPITAL which is: (1) primarily engaged in providing treatment of inpatients for mental disorders, chronic diseases, alcoholism or drug addiction; or (2) rendering treatment or services for rehabilitation after an INJURY or SICKNESS;
 - b. 24-hour-a-day nursing service by registered professional nurses on duty or call; and
 - c. continuous supervision by a staff of one or more DOCTORS;
2. a Christian Science sanatorium currently operated, or currently listed and certified, by the First Church Of Christ, Scientist, of Boston, Massachusetts; or
3. a government approved institution or a government approved section of an institution primarily engaged in providing treatment of inpatients for alcoholism or drug addiction.

HOSPITAL does not include a convalescent home, a nursing home, a rest home, a place for the aged or an extended care facility.

IMPAIRMENT RESTRICTION means, for all health insurance except the Hospital Indemnity Insurance Active Plan, an exclusion or limitation of insurance on a COVERED PERSON. An IMPAIRMENT RESTRICTION will be: (a) established by New York Life; and (b) continued by New York Life if it is in effect on the day before: (1) the COVERED PERSON becomes insured under the Policy; or (2) a change in insurance takes effect; whether or not satisfactory medical evidence of insurability is furnished or medical evidence of insurability is required. All IMPAIRMENT RESTRICTIONS are stated in the certificate. Insurance with such IMPAIRMENT RESTRICTIONS is subject to the APPLICANT'S acceptance. Payment of one CONTRIBUTION after the INSURED MEMBER is advised of the IMPAIRMENT RESTRICTION will establish such acceptance.

INJURY means only bodily injury sustained by an accident.

INSURANCE PERIOD means the span of time from a CONTRIBUTION DATE through the day before the next CONTRIBUTION DATE, during which insurance continues, if the CONTRIBUTION for such span of time is paid.

INSURED DEPENDENT means a person who: (a) was an ELIGIBLE DEPENDENT on his or her initial EFFECTIVE DATE; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy, including as a SURVIVOR DEPENDENT. References to **INSURED SPOUSE** and **INSURED CHILD(REN)** mean the same as INSURED DEPENDENT spouse or domestic partner and INSURED DEPENDENT child(ren), respectively.

DEFINITIONS

INSURED MEMBER means a person who: (a) was an ELIGIBLE MEMBER on his or her initial EFFECTIVE DATE; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy. References to INSURED MEMBER include an APPLICANT who became insured for DEPENDENT INSURANCE and who had requested insurance for himself or herself but did not become an INSURED MEMBER because he or she was unable to give New York Life satisfactory medical evidence of insurability. References to INSURED MEMBER mean the Owner for the incidents of ownership. ("Owner" means the person who has the rights of ownership of the insurance while the INSURED MEMBER is living.)

MEDICAL CARE means, for the Rabies Prophylaxis Benefit, medical services, treatment, medication or supplies provided or ordered by a DOCTOR, which are necessary for diagnosing or treating an INJURY or SICKNESS. MEDICAL CARE must be MEDICALLY NECESSARY.

MEDICALLY NECESSARY means that New York Life has determined that a service or supply meets both of the following requirements: (a) the supply, the type of setting and the type and length of service are essential to providing adequate care and are consistent with the symptoms, diagnosis or treatment of an INJURY or SICKNESS; and (b) is in accord with generally accepted medical practice. New York Life may rely upon the advice of medical consultant and commonly recognized national medical organizations in determining which service and supplies are MEDICALLY NECESSARY.

MEMBER means a member, in good standing, of the ASSOCIATION.

MEMBER INSURANCE means an INSURED MEMBER'S insurance for himself or herself.

MENTAL DISORDER means, for Hospital Indemnity Insurance, any condition, regardless of the underlying cause of such condition, which is classified as a mental, nervous or emotional disorder in the American Psychiatric Association Diagnostic And Statistical Manual Of Mental Disorders.

PRIMARY BENEFICIARY means, for Life and AD&D Insurance, the person(s) named to first receive the proceeds.

RESIDENTIAL TREATMENT FACILITY means, for Hospital Indemnity Insurance, a treatment center which provides coordinated inpatient and outpatient treatment of CHEMICAL DEPENDENCY by trained medical personnel and counselors pursuant to a written treatment plan approved and monitored by a DOCTOR. The facility must also be: (a) affiliated with a HOSPITAL under a contractual agreement with an established system for patient referral; (b) accredited as such a facility by the Joint Commission on Accreditation of Hospitals; and (c) licensed, certified, or approved as a CHEMICAL DEPENDENCY treatment program or center by any federal, state or municipal agency having legal authority to so license, certify, or approve.

SICKNESS means an illness or disease; or COMPLICATIONS OF PREGNANCY. For Disability Income Insurance, 90 Days Accident/90 Days Sickness and 180 Days Accident/180 Days Sickness WAITING PERIODS and the Hospital Indemnity Insurance Active Plan, SICKNESS also means a pregnancy, childbirth or a related medical condition.

SMOKER means, for Life Insurance and Long Term Disability, an APPLICANT who has smoked one or more cigarettes in the 12 months, used tobacco or any nicotine substitute in any form (including nicotine patches, nicotine chewing gum and electronic cigarettes) before his or her request for insurance.

STUDENT MEMBER means a member, in good standing, of a student chapter of the ASSOCIATION.

SURVIVOR DEPENDENT means, for Dependent Life, AD&D, and Hospital Indemnity Insurance, an INSURED DEPENDENT of a deceased INSURED MEMBER.

References to **SURVIVOR SPOUSE** and **SURVIVOR CHILD(REN)** mean the same as SURVIVOR DEPENDENT spouse or domestic partner and SURVIVOR DEPENDENT child(ren), respectively.

DEFINITIONS

TERMINATION AGE DATE means the date insurance for a COVERED PERSON ends due to his or her attainment of the stated AGE, as follows:

1. for Family Group Life, the day before the May 1st after the INSURED MEMBER or INSURED SPOUSE reaches AGE 80;
2. for BASIC PROTECTION BENEFITS and Professional Overhead Expense Insurance, the day before May 1st after the INSURED MEMBER reaches AGE 75, except that: With respect to the Cost Of Living Option available under the Disability Income Insurance - Long Term Disability, the date the INSURED MEMBER reaches AGE 64;
3. for AD&D - Large Scale, the day before the May 1st after the INSURED MEMBER reaches AGE 70;
4. for Disability Income Insurance - Long Term Disability Monthly Income, the day before the May 1st : (a) after the INSURED MEMBER reaches AGE 75; or (b) after the INSURED SPOUSE reaches AGE 70.
5. for Disability Income Insurance - Short Term Disability Monthly Income, the day before the May 1st after the INSURED MEMBER reaches AGE 70;
6. for the CAREER-START PLAN and the Student Member Basic Protection Package Plan, the day the STUDENT MEMBER reaches AGE 65; and
7. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).

TOTAL DISABILITY means, for:

1. Life, AD&D, Professional Overhead Expense, and Disability Income Insurance, an incapacity from an injury or sickness that an INSURED MEMBER suffers while he or she is insured under the Policy, but only if such incapacity completely and continuously prevents an INSURED MEMBER from doing the material and substantial duties of his or her occupation, or for the Student Member Basic Protection Package Plan, the responsibilities or duties of a veterinary student; and he or she is not engaging in any gainful Occupation.

TOTAL DISABILITY does not include any incapacity resulting from the following: (a) a self-inflicted injury; (b) any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries; (c) service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force; and (d) pregnancy, except for COMPLICATIONS OF PREGNANCY;

2. Hospital Indemnity Insurance, an incapacity from an INJURY or SICKNESS which completely and continuously prevents a COVERED PERSON from doing: (a) the material and substantial duties of his or her occupation and he or she is not engaging in any gainful Occupation, if such COVERED PERSON is employed; or (b) the normal activities of a person in good health of like age, if such COVERED PERSON is unemployed.

TOTAL DISABILITY and **TOTALLY DISABLED** have the same meaning.

WAITING PERIOD means, for:

1. Long Term Disability Income Insurance, the cumulative number of days of an INSURED MEMBER'S Covered Total Disability and/or Partial Residual Disability which must be completed within a period equal to two times the number of days of the WAITING PERIOD elected before a Covered Disability becomes initially payable, except that: For the 0 Days Accident/7 Days Sickness Waiting Period under the Long Term Disability and the Short Term Disability Monthly Income, and for Disability Income Insurance under the CAREER-START PLAN and the Student Member Basic Protection Package Plan, WAITING PERIOD means the initial, continuous period of an INSURED MEMBER'S Covered Total Disability which must be completed before a Covered Disability becomes initially payable; and/or

DEFINITIONS

2. Short Term Disability Income Insurance, the cumulative number of days of an INSURED MEMBER'S Covered Total Disability which must be completed within a period equal to two times the number of days of the WAITING PERIOD elected before a Covered Disability becomes initially payable, except that: For the 0 Days Accident/7 Days Sickness Waiting Period under the Long Term Disability and the Short Term Disability Monthly Income, and for Disability Income Insurance under the CAREER-START PLAN and the Student Member Basic Protection Package Plan, WAITING PERIOD means the initial, continuous period of an INSURED MEMBER'S Covered Total Disability which must be completed before a Covered Disability becomes initially payable; and/or
3. Professional Overhead Expense Insurance, the initial, continuous period of an INSURED MEMBER'S TOTAL DISABILITY which must be completed before Covered Expenses become initially payable. The WAITING PERIOD is stated on the Schedule page(s).

Specimen

SCHEDULE - LIFE AND DEPENDENT LIFE INSURANCE

Decreasing Term Life [Basic Protection Benefit]

Insured Member's Age	Amount Of Insurance	Insured Member's Age	Amount Of Insurance
35 & under	\$ 75,000	49	\$ 23,750
36	71,500	50	21,750
37	67,000	51	20,000
38	62,500	52	18,500
39	58,000	53	17,000
40	53,500	54	15,750
41	49,250	55	14,500
42	45,000	56	13,500
43	41,000	57	12,500
44	37,000	58	11,500
45	33,500	59	10,500
46	30,500	60	9,500
47	28,000	61 but before 71	6,250
48	25,750	71 but before the TERMINATION AGE DATE	3,750

Family Group Life

Insured Member Amounts Of Insurance Available

\$100,000 through \$2,000,000 in \$10,000 multiples

On the May 1st on or after the INSURED MEMBER'S 75th birthday,
the amount of insurance in force will reduce 50%.

Insured Spouse Amounts Of Insurance Available

\$50,000 through \$1,000,000 in \$10,000 multiples

On the May 1st on or after the INSURED SPOUSE'S 75th birthday,
the amount of insurance in force will reduce 50%.

Insured Child Amount Of Insurance Available

<u>Insured Child's Age</u>	<u>Amount Of Insurance</u>
14 days but before the TERMINATION AGE DATE	Option 1: \$ 5,000 Option 2: \$ 10,000

SCHEDULE - LIFE AND DEPENDENT LIFE INSURANCE

Chronic Illness Option for Family Group Life Plan

If elected, the Chronic Illness Option offers Accelerated Benefits for an INSURED MEMBER or INSURED SPOUSE who suffers a Chronic Illness, provided the INSURED MEMBER or INSURED SPOUSE is less than AGE 75 when benefits begin.

Requests: An APPLICANT under AGE 65 may request the Chronic Illness Option for themselves and their ELIGIBLE SPOUSE equal to 50% of the Family Group Life Insurance not to exceed \$500,000.

The Chronic Illness Option takes effect on the first day of the month New York Life approves the APPLICANT'S request for the Chronic Illness Option.

When the Chronic Illness Option ends:

The Chronic Illness Option will end on the earliest of:

1. the last day of the INSURANCE PERIOD during which a voluntary request for termination of the Chronic Illness Option is received by New York Life;
2. the day before the May 1st after the INSURED MEMBER or INSURED SPOUSE reaches age 75;
3. the date the Accelerated Death Benefit for Terminal Illness is paid;
4. the last day of the INSURANCE PERIOD for which the last CONTRIBUTION has been paid for the Chronic Illness Option, except that: the Chronic Illness Option will not end if the CONTRIBUTION for it is paid within 31 days after such day.

Specimen

SCHEDULE - LIFE AND DEPENDENT LIFE INSURANCE

Chronic Illness Option for Family Group Life Plan

DISCLOSURE

**RECEIPT OF THE ACCELERATED BENEFIT MAY BE TAXABLE.
THE OWNER MAY WANT TO SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.**

**THIS IS A LIFE INSURANCE PRODUCT, NOT LONG TERM CARE INSURANCE, AND THUS PREMIUMS ARE
NOT TAX DEDUCTIBLE.**

DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID.

Accelerated Benefit

New York Life will pay an Accelerated Benefit to the OWNER if an INSURED MEMBER or INSURED SPOUSE, less than AGE 75, suffers a CHRONIC ILLNESS.

CHRONIC ILLNESS means an illness which the INSURED MEMBER or INSURED SPOUSE is either:

- (a) permanently unable to perform any two of the following Activities of Daily Living:
- **BATHING:** the ability to wash oneself in either a tub or shower, or by sponge bath. This includes the tasks of getting into and out of the tub or shower with or without the aid of equipment or adaptive devices.
 - **DRESSING:** the ability to put on and take off all necessary and appropriate items of clothing and medically necessary braces or artificial limbs usually worn; and to fasten and unfasten them.
 - **TOILETING:** the ability to do all of the following, with or without the aid of equipment: (a) get to and from the toilet; (b) get on and off the toilet; and (c) maintain a reasonable level of personal hygiene for the body.
 - **TRANSFERRING:** the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane; walker; crutches; grab bars; or other support devices.
 - **EATING:** the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the aid of equipment.
 - **CONTINENCE:** the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag); or
- (b) Requiring substantial supervision to protect the INSURED MEMBER or INSURED SPOUSE from threats to health and safety due to a permanent SEVERE COGNITIVE IMPAIRMENT. The INSURED MEMBER or INSURED SPOUSE is required to be continuously confined in a CONVALESCENT CARE FACILITY, HOSPICE, NURSING HOME or at home; and to be under a plan of care prescribed by a LICENSED HEALTH CARE PRACTITIONER.

SEVERE COGNITIVE IMPAIRMENT means a loss or deterioration of intellectual ability as determined using reliable standardized tests and clinical evidence demonstrating impairment in one or more of the following: (1) a person's short – or long–term memory; (2) orientation as to person, place and time; (3) deductive or abstract reasoning; or (4) judgment as it relates to safety awareness.

CONVALESCENT CARE FACILITY means a licensed institution which provides: (a) post-hospital care or rehabilitation services; (b) room and board; (c) 24-hour-a-day nursing service by registered professional nurses on duty or call, with at least one full-time nurse; and (d) a licensed physician or osteopath on duty or call. It may be a section of a hospital. CONVALESCENT CARE FACILITY does not include: a rest home; a place for care of the aged, alcoholics, mentally ill or drug addicts; and/or a place for custodial care.

HOSPICE means a facility providing a coordinated program of home and inpatient care for terminally ill patients. To qualify, the HOSPICE must meet the standards of the National Hospice Organization and the applicable state licensing requirements.

SCHEDULE - LIFE AND DEPENDENT LIFE INSURANCE

Chronic Illness Option for Family Group Life Plan

LICENSED HEALTH CARE PRACTITIONER means: licensed physician or osteopath; a registered professional nurse, or licensed social worker, who is operating within the scope of his or her license.

LICENSED HEALTH CARE PRACTITIONER does not include the INSURED MEMBER or INSURED SPOUSE or his or her: parent; guardian; spouse; brother; sister; natural, step, adopted or foster child; grandparent; in-law; or a person residing in the INSURED MEMBER or INSURED SPOUSE'S household.

NURSING HOME means an institution, or a distinct part of a hospital, that is primarily engaged in providing skilled nursing services for or custodial care to sick or injured inpatients, and which: (a) has continuous nursing service under the full-time supervision of a licensed physician or a registered professional nurse; (b) has the services of a licensed physician available under an established agreement; (c) has clinical records for all patients; and (d) is certified as a skilled nursing facility/Nursing Home by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and/or the Center for Medicare and Medicaid Services ("CMS"). NURSING HOME does not include a rest home, an assisted living facility or a place for care of the aged, alcoholics or drug addicts.

For The Benefit To Be Paid For the benefit to be paid, all of the following requirements must be met:

1. The CHRONIC ILLNESS must be first diagnosed while the INSURED MEMBER or INSURED SPOUSE is insured under the Policy and after the Effective Date of this optional benefit and must have such CHRONIC ILLNESS for a continuous period of 90 days; and
2. New York Life must receive satisfactory medical proof, in writing, that the INSURED MEMBER or INSURED SPOUSE has a CHRONIC ILLNESS. For a CHRONIC ILLNESS, such medical proof must be certified by a LICENSED HEALTH CARE PRACTITIONER within the preceding 12 months and must be presented to New York Life annually.

What Accelerated Benefit Is Payable The Accelerated Benefit payable is the applicable percentage stated in the following Table Of Accelerated Benefits of the Chronic Illness Amount of Insurance, in force on the INSURED MEMBER'S or INSURED SPOUSE'S life, less any reduction of insurance due to Age within one year of when New York Life Insurance Company approves the request for the Accelerated Benefit.

Who Will Be Paid The Accelerated Benefit will be paid to the OWNER, subject to the Beneficiary section on the Life and Dependent Life Insurance page(s). A single annual payment will be paid, over a four year period. The CONTRIBUTION for the Chronic Illness Option will be reduced on a pro rata basis if an Accelerated Benefit is paid for CHRONIC ILLNESS.

TABLE OF ACCELERATED BENEFITS

Payment Option

A yearly payment of up to 12.5% for four years (i.e., 50% over the four year period) of the Amount of Life Insurance subject to the Chronic Illness Option in force at the time of acceleration, less any reduction of insurance due to Age within one year of when New York Life Insurance Company approves the initial request for the Accelerated Benefit, with no more than \$125,000 made payable in one year.*

* **Maximum** The maximum benefit payable for a CHRONIC ILLNESS is \$500,000. No more than 75% of the Death Benefit is payable for a CHRONIC ILLNESS and TERMINAL ILLNESS combined, on each INSURED MEMBER or INSURED SPOUSE. As a result, a 25% Death Benefit will remain. "Death Benefit" means the amount of insurance in force on the day before the Accelerated Benefit is paid except that for the first payment the "Death Benefit" means the amount of insurance in force on the date one year after the date New York Life approves the request for acceleration.

If an INSURED MEMBER or INSURED SPOUSE elects to accelerate for a TERMINAL ILLNESS first, the CHRONIC ILLNESS acceleration is no longer available, and CONTRIBUTION for the Chronic Illness Option will no longer be required.

If an INSURED MEMBER or INSURED SPOUSE elects to accelerate for a CHRONIC ILLNESS, once all payments are made for the four year period, this Option is terminated and CONTRIBUTION will no longer be required.

If an INSURED MEMBER is approved for acceleration for a CHRONIC ILLNESS and such INSURED MEMBER is otherwise eligible for a Waiver of Contribution Benefit under the Policy, then the INSURED MEMBER will be considered to be TOTALLY DISABLED.

SCHEDULE - LIFE AND DEPENDENT LIFE INSURANCE

Inflation Guard

On May 1, 2003 and each subsequent May 1, New York Life will automatically offer an Inflation Guard to INSURED MEMBERS for their Family Group Life Insurance provided such insurance has: (1) any medically underwritten additions on or after November 1, 2001; or (2) an initial EFFECTIVE DATE of November 1, 2001 or later, provided such insurance has been in force for 12 months or more.

An Inflation Guard is equal to the following amounts of insurance based on the total amount of Family Group Life Insurance in force on the applicable May 1:

Amount of Insurance	Inflation Guard Amount
\$100,000 to \$190,000	\$10,000
\$200,000 to \$290,000	\$20,000
\$300,000 to \$390,000	\$30,000
\$400,000 to \$490,000	\$40,000
\$500,000 to \$590,000	\$50,000
\$600,000 to \$690,000	\$60,000
\$700,000 to \$790,000	\$70,000
\$800,000 to \$890,000	\$80,000
\$900,000 and above	\$90,000

Up to three Inflation Guards may be accepted. The three years of Inflation Guards will begin again on the total amount of insurance after any medically underwritten increases.

However, if an Inflation Guard is accepted and the addition of such Inflation Guard would exceed the highest amount of insurance under the highest Amount of Insurance available to such INSURED MEMBER: (a) such Inflation Guard will be reduced so that such Amount is not exceeded; and (b) no further Inflation Guards may be accepted.

For The Inflation Guard To Take Effect

For an Inflation Guard to take effect, the INSURED MEMBER must:

1. be alive, be less than AGE 70 and not TOTALLY DISABLED on the EFFECTIVE DATE of such Inflation Guard; and
2. pay the CONTRIBUTION within 30 days of the EFFECTIVE DATE of such Inflation Guard, which is evidence of acceptance of such Inflation Guard.

Except that: An Inflation Guard will not apply to an Amount of Insurance for which a previously offered Inflation Guard was not implemented.

When The Benefit Increase Takes Effect

The EFFECTIVE DATE for each Inflation Guard is May 1.

Note: All Amounts of Insurance received from the Inflation Guard Benefit are not subject to the Chronic Illness Option.

SCHEDULE – STUDENT MEMBER NON-CONTRIBUTORY INSURANCE

Term Life Insurance

\$25,000

SCHEDULE - AD&D INSURANCE

Basic [Basic Protection Benefit]

Insured Member Principal Sum

\$25,000

Table Of Benefits

<u>Covered Loss</u>	<u>Percentage Of Principal Sum</u>
loss of life	100 %
loss of more than one limb	100 %
loss of sight of both eyes	100 %
loss of speech and hearing	100 %
loss of one limb and sight of one eye	100 %
loss of use of both hands	100 %
loss of one limb	50 %
loss of sight of one eye	50 %
loss of speech or hearing	50 %
loss of thumb and index finger of either hand	25 %

Loss of limb means severance at or above the wrist or ankle; 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 permanent loss.

Maximum

Only one Principal Sum (the largest applicable) is payable for a loss to the same limb due to or related to any one accident.

No more than the Principal Sum is payable for all losses due to or related to any one accident.

SCHEDULE - AD&D INSURANCE

Large Scale

Insured Member Principal Sum Available

\$10,000 through \$200,000 in \$10,000 multiples

Insured Spouse

\$10,000 through \$100,000 in \$10,000 multiples

Table Of Benefits

<u>Covered Loss</u>	<u>Percentage Of Principal Sum</u>
loss of life	100 %
loss of more than one limb	100 %
loss of sight of both eyes	100 %
loss of one limb and sight of one eye	100 %
loss of one limb	50 %
loss of sight of one eye	50 %

Loss of sight, means total and permanent loss. Loss of limb means severance through or above the wrist or ankle.

Maximum

No more than the Principal Sum is payable for all losses due to or related to any one accident.

SCHEDULE - DISABILITY INCOME INSURANCE

Long Term Disability

Plans Available

Member

Plan A

<u>For A Covered Total Disability Starting:</u>	<u>Maximum Benefit Period*</u>
before AGE 62	to AGE 70
AGE 62 through AGE 63	up to 5 years
AGE 64	up to 4 years
AGE 65	up to 3 years
AGE 66	up to 2 years
AGE 67 but before the TERMINATION AGE DATE	up to 1 year

- For a Covered Total Disability which commenced prior to May 1, 1986, the Maximum Benefit Period is: (a) lifetime, if such disability started before AGE 50; (b) to AGE 65, if such disability started on or after AGE 50 but before AGE 64, and (c) 1 year, if such disability started on or after AGE 64 but before the TERMINATION AGE DATE.
- For a Covered Total Disability which commenced on or after May 1, 1986 and prior to November 1, 2003, the Maximum Benefit Period is: (a) lifetime, if such disability started before AGE 55; (b) to AGE 65, if such disability started on or after AGE 55 but before AGE 64; and (c) 1 year, if such disability started on or after AGE 64 but before the TERMINATION AGE DATE.
- For a Covered Total Disability which commenced on or after November 1, 2003 and prior to November 1, 2011 for any INSURED MEMBER who was AGE 50 or older on November 1, 2003, the Maximum Benefit Period is: (a) lifetime, if such disability started before AGE 55; (b) to AGE 65, if such disability started on or after AGE 55 but before AGE 64; and (c) 1 year, if such disability started on or after AGE 64 but before the TERMINATION AGE DATE.
- For a Covered Total Disability which commenced on or after November 1, 2003 and prior to November 1, 2011 for any INSURED MEMBER who was less than AGE 50 on November 1, 2003, Maximum Benefit Period is: (a) lifetime, if such disability started before AGE 50; (b) to AGE 65, if such disability started on or after AGE 50 but before AGE 61; (c) 5 years, if such disability started on or after AGE 61 but before AGE 64; (d) 4 years, if such disability started on or after AGE 64 but before AGE 65; (e) 3 years, if such disability started on or after AGE 65 but before AGE 66; (e) 2 years, if such disability started on or after AGE 66 but before AGE 67; and (f) 1 year, if such disability started on or after AGE 67 but before the TERMINATION AGE DATE.
- For a Covered Total Disability which commenced on or after November 1, 2011 and prior to November 1, 2019, the Maximum Benefit Period is: (a) lifetime, if such disability started before AGE 50; (b) to AGE 70, if such disability started on or after AGE 50 but before AGE 62; (c) 5 years, if such disability started on or after AGE 62 but before AGE 64; (d) 4 years, if such disability started on or after AGE 64 but before AGE 65; (e) 3 years, if such disability started on or after AGE 65 but before AGE 66; (e) 2 years, if such disability started on or after AGE 66 but before AGE 67; and (f) 1 year, if such disability started on or after AGE 67 but before the TERMINATION AGE DATE.

SCHEDULE - DISABILITY INCOME INSURANCE

Long Term Disability

* For Plan A only, the Maximum Benefit Period for all Covered Disabilities of an INSURED MEMBER for new claims starting on November 1, 2011 or later, which are due to or related to Mental Disorders and/or Chemical Dependency while such person is insured under the Policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of: (a) 24 months; or (b) the Maximum Benefit Period for a Covered Total Disability. This limitation does not apply to any period during which such INSURED MEMBER is institutionalized.

“Mental Disorder” means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to: (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer’s disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

“Chemical Dependency” means the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

Specimen

SCHEDULE - DISABILITY INCOME INSURANCE

Long Term Disability

Plan B Plan B is only available to an INSURED MEMBER who was insured for such plan on October 31, 1991, and who remains so insured.

<u>For A Covered Total Disability Due To An Accident And Starting:</u> before AGE 70 AGE 70 but before the TERMINATION AGE DATE	<u>Maximum Benefit Period</u> Lifetime 1 year
<u>For A Covered Total Disability Due To A Sickness And Starting:</u> before AGE 60 AGE 60 but before AGE 70 AGE 70 but before the TERMINATION AGE DATE	<u>Maximum Benefit Period</u> to AGE 65 5 years, or if sooner, AGE 72 1 year

The Maximum Benefit Period for a Covered Partial Residual Disability benefit is the remaining Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability, except that for Plan B: A Covered Partial Residual Disability benefit will not be paid beyond the INSURED MEMBER'S 65th birthday.

Waiting Periods Available **

Plans	Accident	Sickness
Plan 1	0 Days	7 Days ***
Plan 2	30 Days	30 Days
Plan 3	90 Days	90 Days
Plan 4	180 Days	180 Days
Plan 5	60 Days	60 Days

** If an INSURED MEMBER suffers a Covered Disability as a result of an organ donation, his or her WAITING PERIOD will be 0 days for that Covered Disability.

*** If the INSURED MEMBER becomes confined in a HOSPITAL as a bed-patient during the WAITING PERIOD, the balance of the WAITING PERIOD will be waived.

Note: The 0 Days Accident and 7 Days Sickness WAITING PERIOD is only available to INSURED MEMBERS insured for such WAITING PERIOD on April 30, 1993.

Monthly Benefits Available *
(in \$100 multiples)

Insured Member's Age	Minimum	Maximum
before AGE 50	\$ 1,000	\$ 12,500 **
AGE 50 but before AGE 55	\$ 1,000	\$ 9,000 **
AGE 55 but before AGE 60	\$ 1,000	\$ 6,000
AGE 60 but before AGE 70	\$ 1,000	\$ 3,000

* Except that: A Monthly Benefit is not available to an APPLICANT if the amount of the Monthly Benefit, when combined with the total of any other disability income insurance, prorated monthly, for which the APPLICANT is insured or for which he or she is applying as of the INSURED MEMBER'S EFFECTIVE DATE, would exceed 60% of the APPLICANT'S AVERAGE NET MONTHLY INCOME on his or her EFFECTIVE DATE unless combined with the AVMA Short Term Disability in which case total would not exceed 70%.

** The Monthly Benefit will reduce to \$7,500 if it was greater than \$7,500, when the INSURED MEMBER attains AGE 70, whether or not such INSURED MEMBER is disabled and receiving Disability Income Insurance benefits.

The Maximum Benefit Period for a Covered Partial Disability is equal to the lesser of: (a) six consecutive weeks; or (b) the remaining Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability.

SCHEDULE - DISABILITY INCOME INSURANCE

Long Term Disability

Cost Of Living Option

The Cost Of Living Option is only available to an APPLICANT under the Long Term Disability schedule. 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 adjusted Monthly Benefit for a given year is determined by multiplying the Monthly Benefit by the Inflation Factor. ("Inflation Factor" means the result obtained by dividing the CPI-U for the third month before each anniversary of the day when the Covered Total Disability began, by the CPI-U applicable on the third month before the day the Covered Total Disability began. The result cannot be less than a minimum of 1 or more than a maximum of 2 compounded at 8% per year for the years between the dates used in the calculation. If the result is less than 1, the factor will be 1. Also, before the date of the first calculation, the factor is 1.)

However, the adjusted Monthly Benefit may never exceed two times the pre-adjusted Monthly Benefit. When the Covered Disability ends, as stated in the When The Benefit Ends section on the Disability Income Insurance page(s), the Monthly Benefit will be reduced to the pre-adjusted Monthly Benefit.

Own Occupation Disability Definition Option

for Effective Dates prior to May 1, 2004

The Own Occupation Disability Definition Option is only available to an APPLICANT, other than a STUDENT MEMBER, under the Long Term Disability schedule. If this option is elected and approved by New York Life, New York Life will pay a benefit for a Covered Total Disability, if a MEMBER while he or she is insured under the Policy suffers an incapacity from an INJURY or SICKNESS which completely and continuously prevents him or her from doing the material and substantial duties of his or her occupation in veterinary medicine, and he or she is engaged in an alternate occupation for pay or profit.

Own Occupation Plus Disability Definition Option

for Effective Dates on May 1, 2004 and later, with Covered Disabilities beginning before August 1, 2018

The Own Occupation Plus Disability Definition Option is only available to an APPLICANT, other than a STUDENT MEMBER, under the Long Term Disability schedule. If this option is elected and approved by New York Life, New York Life will pay a benefit for a Covered Total Disability, if a MEMBER, while he or she is insured under the Policy: (a) suffers an incapacity from an INJURY or SICKNESS which completely and continuously prevents him or her from doing the material and substantial duties of his or her occupation in veterinary medicine; (b) he or she is engaged in an alternate occupation for pay or profit; and (c) he or she is under the regular care of a DOCTOR.

The benefit is payable until the earlier of: (a) five years after the Own Occupation Plus benefit begins; (b) the month in which he or she is engaged in an alternate occupation for pay or profit if the CURRENT MONTHLY INCOME is at least 75% or greater than the AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability began; or (c) the Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability.

Own Occupation Plus Disability Definition Option

For Covered Disabilities beginning on or after August 1, 2018

The Own Occupation Plus Disability Definition Option is only available to an APPLICANT, other than a STUDENT MEMBER, under the Long Term Disability schedule. If this option is elected and approved by New York Life, New York Life will pay a benefit for a Covered Total Disability, if a MEMBER, while he or she is insured under the Policy: (a) suffers an incapacity from an INJURY or SICKNESS which completely and continuously prevents him or her from doing the material and substantial duties of his or her occupation in veterinary medicine; (b) he or she is engaged in an alternate occupation for pay or profit; and (c) he or she is under the regular care of a DOCTOR.

The benefit is payable until the earlier of: (a) the month in which he or she is engaged in an alternate occupation for pay or profit if the CURRENT MONTHLY INCOME is at least 75% or greater than the AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability began; or (b) the Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability.

SCHEDULE - DISABILITY INCOME INSURANCE

Long Term Disability

Future Purchase Option

Under the Future Purchase Option, an APPLICANT is given the opportunity to increase his or her Monthly Benefit without giving New York Life medical evidence of insurability, by converting the Future Purchase Option elected by the APPLICANT and approved by New York Life for an increase in the APPLICANT'S Monthly Benefit, in accordance with the following:

Future Purchase Options Available The Future Purchase Options are available in amounts of \$500 to \$7,000 (in \$100 multiples), not to exceed the APPLICANT'S Monthly Benefit in effect on the date the APPLICANT requests the Future Purchase Option. Also, the total of the APPLICANT'S Monthly Benefit and the amount of the Future Purchase Option cannot exceed the Maximum as stated in the Monthly Benefits Available item of the Long Term Disability section on the Schedule - Disability Income Insurance pages.

Requests An APPLICANT who is: (a) insured for Disability Income Insurance - Long Term Disability, except for Plan 1, the 0 Days Accident/7 Days Sickness WAITING PERIOD; and (b) less than AGE 50; may request the Future Purchase Option, if he or she: (1) gives the Policyholder a completed, written request for the Future Purchase Option on a form satisfactory to New York Life, as required; (2) gives New York Life satisfactory medical evidence of insurability, at the APPLICANT'S expense; and (3) pays the applicable CONTRIBUTION for the Future Purchase Option.

The Future Purchase Option takes effect on the first day of the month after the date New York Life approves the APPLICANT'S request or the Future Purchase Option.

When The Option May Be Converted Except as stated below, an APPLICANT can convert all or any part of the Future Purchase Option, in \$100 units, to an increase in his or her Monthly Benefit, on May 1st once this option has been in force for 12 months, if:

1. the APPLICANT is not suffering from a Covered Disability as stated on the Disability Income Insurance page(s); and
2. the resulting increase in such APPLICANT'S Monthly Benefit, when combined with the total of any other disability income insurance, prorated monthly, for which the APPLICANT is insured or for which he or she is applying as of such May 1, does not exceed: (a) 60% of the APPLICANT'S AVERAGE NET MONTHLY INCOME as of such May 1; or (b) the Maximum as stated in the Monthly Benefits Available item of the Long Term Disability section on the Schedule - Disability Income Insurance pages;

except that: If an APPLICANT has converted the Future Purchase Option, but is suffering from a Covered Disability on such May 1, the increase in the Monthly Benefit will not take effect until the day after the Covered Disability ends.

The CONTRIBUTION for the Future Purchase Option will be reduced proportionately to the amount of the Future Purchase Option which is converted.

When The Option Ends The Future Purchase Option will end on the earliest of:

1. the last day of the INSURANCE PERIOD during which a voluntary request for termination of the Future Purchase Option is received by New York Life;
2. the date the INSURED MEMBER reaches AGE 55;
3. the date the Disability Income Insurance - Long Term Disability ends;
4. the date 100% of the Future Purchase Option has been converted into an increase in the APPLICANT'S Monthly Benefit; and
5. the last day of the INSURANCE PERIOD for which the last CONTRIBUTION has been paid for the Future Purchase Option, except that: the Future Purchase Option will not end if the CONTRIBUTION for it is paid within 31 days after such day.

SCHEDULE - DISABILITY INCOME INSURANCE

Spouse Disability Option

If this option is elected by an APPLICANT and approved by New York Life, New York Life will pay a benefit for an Insured Spouse's Covered Disability in accordance with all of the following:

Definitions: For the purposes of the Spouse Disability Option:

“Covered Disability” means an incapacity from an INJURY or SICKNESS that an Insured Spouse suffers while he or she is insured under the Policy, but only if such incapacity completely and continuously prevents the Insured Spouse from doing the material and substantial duties of: (a) his or her occupation for pay or profit; or (b) a homemaker.

“Eligible Spouse” means an APPLICANT'S lawful married spouse or Domestic Partner who is: (1) identified on the request for group insurance; (2) less than age 65; (3) not an INSURED MEMBER; and (4) not a resident of an EXCLUDED STATE.

“Insured Spouse” means a person who: (a) was an Eligible Spouse on his or her first EFFECTIVE DATE; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy.

Requests An APPLICANT can request the Spouse Disability Option, if he or she is insured for a Monthly Benefit of at least \$1,000.

For Insurance To Take Effect For the Spouse Disability Option to take effect, the APPLICANT must: (a) give the Policyholder a completed, written request on a form satisfactory to New York Life, as required; and (b) pay the CONTRIBUTION.

When Insurance Takes Effect The Spouse Disability Option takes effect on the EFFECTIVE DATE.

Schedule The Waiting Period, Monthly Benefit and Maximum Benefit Period available under the Spouse Disability Option are as follows:

Waiting Period: 30 Days

Monthly Benefit: \$500

Maximum Benefit Period: 24 months

What Benefit Is Payable The benefit payable for an Insured Spouse's Covered Disability is the applicable Monthly Benefit in force for the Insured Spouse on the date his or her Covered Disability began. The benefit is payable after the WAITING PERIOD and is subject to the Maximum Benefit Period stated above.

Exclusions

In addition to the exclusion listed below, the following losses are excluded: Disabilities that are excluded for an INSURED MEMBER are excluded for an Insured Spouse, as stated in the Crime/Illegal Occupation/Illegal Activity, Impairment Restriction, Military Service, Pregnancy, Childbirth Or A Related Medical Condition, Regular Care, Self Inflicted Injury and War exclusions in the Exclusions section on the Disability Income Insurance page(s).

Preexisting Condition - A disability that is due to or related to a Preexisting Condition. “Preexisting Condition” means an INJURY OR SICKNESS or any condition related to such INJURY or SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the 12 month period immediately before the Insured Spouse's EFFECTIVE DATE. Preexisting Condition does not include any such INJURY or SICKNESS or condition after such person has been continuously insured for 12 months after such EFFECTIVE DATE.

SCHEDULE - DISABILITY INCOME INSURANCE

For The Benefit To Be Paid For the benefit to be paid:

1. New York Life must receive satisfactory proof of the Insured Spouse's disability within 90 days after the WAITING PERIOD. If it is not possible to furnish proof within such time, it must be furnished as soon as reasonably possible;
2. New York Life must determine that the disability is a Covered Disability; and
3. the Insured Spouse must complete the WAITING PERIOD.

Who Will Be Paid The benefit will be paid to the INSURED MEMBER, if living, otherwise: (a) to the INSURED MEMBER'S estate; or (b) at the option of New York Life, to the INSURED MEMBER'S surviving relative(s) in the following order of survival: children equally; parents equally; or brothers and sisters equally.

When The Benefit Ends Except as stated in the Successive Periods of Covered Total Disability, the benefit will end on the earliest of the date:

1. the Insured Spouse's Covered Disability ends;
2. the INSURED MEMBER is legally separated or divorced from the Insured Spouse;
3. New York Life does not receive the required proof that the Insured Spouse's Covered Disability continues;
4. the Insured Spouse does not submit to an examination required by New York Life by a doctor it selects; or
5. the Maximum Benefit Period stated above has been reached.

The Insured Spouse will remain insured under the Policy after the benefit ends, except as stated in the When Insurance Ends section.

Successive Periods Of Covered Total Disability - Successive periods of Covered Total Disability will be considered one period of Covered Total Disability, if such disabilities are due to: (a) the same or related causes, and which are separated by less than 90 days of return to continuous activity as a homemaker or at an occupation for pay or profit during which the Insured Spouse is not totally disabled; or (b) different or unrelated causes, and are not separated by return to performing the material and substantial duties of: (1) his or her occupation for pay or profit; or (2) a homemaker.

When Insurance Ends An INSURED MEMBER'S Spouse Disability Option will end on the earliest of:

1. the date the INSURED MEMBER is legally separated or divorced from the Insured Spouse;
2. the last day of the INSURANCE PERIOD during which the Insured Spouse reaches AGE 70;
3. the date the INSURED MEMBER'S insurance ends; or
4. the Maximum Benefit Period stated above has been reached.

General Provisions The General Provisions page(s) are applicable to the Spouse Disability Option.

SCHEDULE - PROFESSIONAL OVERHEAD EXPENSE INSURANCE

	Plan 1	Plan 2
Waiting Period	15 days	30 days
Maximum Benefit Period	12 months	24 months

Pregnancy

(except for Complications of Pregnancy)

<u>For A Covered Total Disability Starting:</u>	<u>Maximum Benefit Period</u>
On November 1, 2015, but before November 1, 2019	up to three months, subject to the Regular Care exclusion
on November 1, 2019 or later	up to one month, subject to the Regular Care exclusion

Monthly Benefits Available (In Multiples of \$100)

<u>Insured Member's Age</u>	<u>Minimum</u>	<u>Maximum</u>
before AGE 50	\$ 300	\$ 45,000
AGE 50 but before AGE 60	\$ 300	\$ 30,000
AGE 60 but before AGE 70	\$ 300	\$ 10,000

Benefits paid are limited to actual expenses at the time of disability.

Except that: A Monthly Benefit is not available to an APPLICANT if the Monthly Benefit requested would exceed the APPLICANT'S monthly estimate of eligible office expenses, or if the APPLICANT is a joint occupant of an office, a partner or a member of a professional corporation, the Monthly Benefit requested cannot exceed the APPLICANT'S monthly share of eligible office expenses. If the APPLICANT is a partner or a member of a professional corporation, the eligible office expenses are based upon the APPLICANT'S percentage of ownership. If the office is in operation less than 12 months, the maximum monthly benefit available is \$5,000.

SCHEDULE – STUDENT MEMBER CAREER-START PLAN (Frozen)

Term Life Insurance

\$100,000

Disability Income Insurance

Waiting Period: 30 Days*

Monthly Benefit: \$500**

Maximum: The Maximum Benefit Period is 5 years

* If an INSURED MEMBER suffers a Covered Disability as a result of an organ donation, his or her WAITING PERIOD will be 0 days for that Covered Disability.

** The Maximum Benefit Period for all Covered Disabilities starting on August 1, 2015 for an INSURED STUDENT MEMBER which are due to or related to Mental Disorders and/or Chemical Dependency while such person is insured under the Policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of: (a) 24 months; or (b) the Maximum Benefit Period for a Covered Total Disability. This limitation does not apply to any period during which such INSURED MEMBER is institutionalized.

“Mental Disorder” means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to: (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer’s disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

“Chemical Dependency” means the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

SCHEDULE – STUDENT MEMBER BASIC PROTECTION PACKAGE PLAN

Term Life Insurance

\$100,000

Disability Income Insurance

Waiting Period: 30 Days*

Monthly Benefit: \$500

Maximum: The Maximum Benefit Period is 5 years**

Rabies Prophylaxis Benefit

Maximum Benefit of \$300 while insured under this plan

(\$100 for each rabies prophylaxis injection and/or \$50 for each rabies titer, up to the Maximum Benefit)

* If an INSURED MEMBER suffers a Covered Disability as a result of an organ donation, his or her WAITING PERIOD will be 0 days for that Covered Disability.

** The Maximum Benefit Period for all Covered Disabilities of an INSURED STUDENT MEMBER which are due to or related to Mental Disorders and/or Chemical Dependency while such person is insured under the Policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of: (a) 24 months; or (b) the Maximum Benefit Period for a Covered Total Disability. This limitation does not apply to any period during which such INSURED MEMBER is institutionalized.

“Mental Disorder” means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to: (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer’s disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

“Chemical Dependency” means the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

SCHEDULE - HOSPITAL INDEMNITY INSURANCE - FROZEN

This plan only available to a COVERED PERSON who was insured for this plan on August 1, 2008, and who remains so insured.

Daily Benefits Available

\$10 through \$100 are available in \$10 multiples

However, an INSURED MEMBER’S INSURED DEPENDENT cannot be insured for a Daily Benefit which exceeds 100% of such INSURED MEMBER’S Daily Benefits.

Maximum

For each COVERED PERSON while he or she is insured under the Policy:

365 days for each COVERED STAY in a HOSPITAL

180 days for each COVERED STAY in a CONVALESCENT CARE FACILITY

SCHEDULE - HOSPITAL INDEMNITY INSURANCE - ACTIVE

Daily Benefits Available

\$100 through \$400 are available in \$50 multiples

An INSURED MEMBER'S INSURED CHILD cannot be insured for a Daily Benefit greater than \$200.

For Hospitalization due to pregnancy starting on August 1, 2016, but before November 1, 2019, the COVERED PERSON must be continuously insured under the Policy for at least nine months after the EFFECTIVE DATE.

For Hospitalization due to pregnancy starting on November 1, 2019 or later, the COVERED PERSON must be continuously insured under the Policy for at least 12 months after the EFFECTIVE DATE.

Covered Expenses

Intensive Care Unit:	
if Covered Person in under age 65	An additional 100% of the Daily Benefit
if Covered Person is age 65 or over	An additional 50% of the Daily Benefit
Skilled Nursing Facility	50% of the Daily Benefit
Residential Treatment Facility	50% of the Daily Benefit
Home Health Care Services	50% of the Daily Benefit

Maximum

For each COVERED PERSON while he or she is insured under the Policy:
500 days for each COVERED STAY in a HOSPITAL, except as follows:

Gastric Bypass Surgery	30 days for each COVERED STAY
Pregnancy, other than Complications of Pregnancy	30 days for each COVERED STAY, but only after the COVERED PERSON has been insured for 9 consecutive months
Chemical Dependency, for other than Alcoholism	100 days for each COVERED STAY in a HOSPITAL or RESIDENTIAL TREATMENT FACILITY
Skilled Nursing Facility	100 days for each COVERED STAY before age 65, except: 30 days for each COVERED STAY due to MENTAL DISORDERS
Residential Treatment Facility	100 days for each COVERED STAY
Home Health Care Services	the lesser of: (a) the number of days of COVERED STAY; or (b) 30 days
Observation Care Benefit	100% of the Daily Benefit; limited to two benefits in a CALENDAR YEAR
Outpatient Emergency Accident Benefit	100% of the Daily Benefit for a COVERED PERSON under AGE 65
Outpatient Surgery Benefit	100% of the Daily Benefit; limited to three benefits in a CALENDAR YEAR
Outside the United States	15 days for all COVERED STAYS while insured under the Policy
Ambulance Benefit	\$50 Benefit; limited to no more than two benefits in a CALENDAR YEAR