USI AFFINITY

NEW YORK LIFE

Group 10-Yr. Level Term Life Insurance

FOR NEW JERSEY STATE BAR ASSOCIATION MEMBERS, AND THEIR FAMILIES

Why not join the millions of insureds who have chosen to help protect their families with

New York Life Insurance Company

NJSBA

Nothing can replace the loss of a loved one. But carefully chosen life insurance coverage can help to ease the financial stress that death brings to a family. It can help provide the resources your spouse and dependents need for a secure and comfortable future.

Eligibility

As a member of the New Jersey State Bar Association under the age of 65, you are eligible to request this Group 10-Yr. Level Term Life coverage. The premium for which you are approved is expected, but not guaranteed, to remain level for the first 10 years. The following are also eligible for coverage:

- Your lawful spouse or domestic partner if under age 65, provided he/she is not insured as a NJSBA member. If both are insured as members, neither may insure the other as spouse/domestic partner and child coverage may be covered under only one certificate.
- Your unmarried dependent children between ages 15 days through 18 years (through age 24, if a full-time student).

This coverage is available only for the residents of the United States (except territories).

Features

Coverage Options[1] – Your bar association membership entitles you to apply for coverage amounts from $100,000 to $2,000,000 in increments of $50,000. Coverage is also available to your:

- Spouse: You may request coverage for your eligible spouse for an amount between $50,000 and $2,000,000 in $50,000 increments. Coverage for your spouse/domestic partner cannot exceed your coverage.
- Children: You can apply for $2,500 of coverage for each of your eligible, dependent children age six months or older. Eligible dependent children under age six months are covered for $500 each. The annual premium cost covers all eligible dependents, regardless of the number covered.

Volume Discounts – The more coverage you request, the more you can save! If you request an option of $250,000 or greater, you'll receive a discount in rates.

Additional discounts are available for amounts beginning at $500,000 and again at $1 million.

Accelerated Death Benefit – The Accelerated Death Benefit provides the option of requesting an advanced one-time payment of 50% of in-force coverage if the insured person is diagnosed as terminally ill[2]. You may use the benefit payment to help pay for additional medical or personal care, household expenses, or in any other way you see fit.

To qualify you must provide proof of terminal illness: a life expectancy of 12 months or less. This important feature is available to you at no additional cost. The death benefit will be reduced by 50%. Contribution is reduced pro rata after Accelerated Death Benefit payment.

1- Total coverage in force through all NJSBA-endorsed life insurance underwritten by New York Life cannot exceed $2,000,000 per insured member.

2-Receipt of the accelerated death benefit may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits you should consult with the appropriate social service agency and seek the advice of tax counsel.

For more information, call a Customer Care Representative:

Monday - Friday, 8:30 a.m. to 4:30 p.m.
800.727.7770, Opt. 5

30-Day Free Look

Once your coverage is approved, you will be sent a Certificate of Insurance summarizing your benefits under the Policy. If you are not completely satisfied with the terms of the Certificate, you may return it, without claim, within 30 days. We will refund your entire premium contribution and invalidate your coverage.

Summary of Terms and Conditions

Effective Date – Coverage for the insured person becomes effective on the date your application is approved by New York Life Insurance, provided the initial premium is paid within 31 days after billing and any person proposed for insurance is performing the normal activities of a person in good health of like age on the approval date. **NOTE—Residents of NC:** Any reference to "performing normal activities of a person in good health of like age" is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application.

If the person proposed for insurance is not performing the normal activities of a person in good health on the effective date, coverage will become effective on the day that person is performing normal activities, provided such day is within three months of the date insurance would otherwise have taken effect. For dependent insurance, the member insurance is in force on that day; and the proposed person is still eligible to obtain the insurance on that day. Payment of a premium contribution does not mean coverage is in force.

Exclusions – The covered person's benefit will be limited to the total sum of the premiums paid if the insured person commits suicide, whether sane or insane, within two years of the date coverage was issued. In addition, the validity of any amount of insurance which has been in force for two years during your lifetime will not otherwise be contested except for insurance eligibility provisions or non-payment of premium contributions.

When Insurance Ends – Coverage will remain in force until the earlier of the following: you reach age 75; you fail to pay premiums when due for any person covered; the Group Policy is terminated by NJSBA; the Group Policy is modified to exclude the class of insured in which you belong; or you elect to end coverage. Coverage for your spouse/domestic partner ends on the premium date which coincides with or follows the earlier of: the date your insurance ends or the end of the premium-paying period during which a) your marriage ends in divorce or annulment; b) the date your domestic partnership ends; c) your spouse/domestic partner becomes an insured member; or d) your spouse/domestic partner turns age 75. Dependent coverage will end when the eligibility requirements are no longer being met or upon termination of the member's coverage.

Continuing Your Coverage After the Term – If you continue to meet the eligibility requirements, you can re-apply for 10-year level term rates then in effect, subject to the insured person's age, health and tobacco/nicotine use at the time the new 10 year period is to commence. Or you may continue your existing coverage until age 75, but on a non-guaranteed rate basis. You will not be required to re-apply for coverage and submit to medical underwriting if you choose this option, but your premium will increase according to your age.



How to Apply

- Complete and sign an Application for Insurance for all parties to be insured.
- Be sure to answer all health questions and collect any documentation requested.
- Place your application and required documentation in an envelope and drop it in the mail.
- Send no payment now, we'll simply bill you upon acceptance.

Don't forget you have 30 days to review your coverage, so there's absolutely ***NO RISK*** in applying!

To file a claim, contact the Administrator for the necessary form by calling **800.727.7770, Opt. 5.**

YOUR COST ~ Current 2026 Preferred Annual Premiums* per $1,000 of Coverage

The cost of this life insurance is based on the covered person's gender, amount of insurance requested, use of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Only non-tobacco/nicotine users meeting the highest underwriting standards may qualify for the Super Preferred Non-Smoker rates. Other non-smokers may qualify for the "Preferred" rates. Smokers may only qualify for Smoker rates. Please contact the administrator for rates in these classifications and for amounts of $250,000 to $1,000,000. Upon approval of your application, you will be notified of the rate classification for each approved person.

Issue Age	$100,000 - $249,000		$1,000,000 - $2,000,000	
	Male	Female	Male	Female
20-25	$1.34	$1.28	$0.57	$0.38
26	$1.34	$1.28	$0.57	$0.39
27	$1.34	$1.28	$0.57	$0.39
28	$1.34	$1.28	$0.57	$0.41
29	$1.34	$1.28	$0.57	$0.41
30	$1.34	$1.28	$0.57	$0.42
31	$1.35	$1.29	$0.57	$0.44
32	$1.37	$1.31	$0.57	$0.44
33	$1.38	$1.32	$0.59	$0.45
34	$1.40	$1.34	$0.59	$0.45
35	$1.41	$1.35	$0.59	$0.47
36	$1.46	$1.38	$0.63	$0.51
37	$1.50	$1.41	$0.66	$0.56
38	$1.56	$1.46	$0.71	$0.59
39	$1.61	$1.49	$0.74	$0.63
40	$1.65	$1.52	$0.78	$0.68
41	$1.73	$1.61	$0.87	$0.75
42	$1.79	$1.70	$0.96	$0.83
43	$1.86	$1.79	$1.04	$0.92
44	$1.92	$1.88	$1.13	$0.99

Please see the following page for additional ages and rates.

How to Calculate the Annual Cost:

Select your coverage amount (between $100,000 and $2,000,000 in $50,000 increments):

a) _____

Divide desired amount by 1,000:

b) _____

Find your age in the chart, and multiply the amount in **b)** by the rate shown. This is the annual cost:

c) _____

How much life insurance should you consider?

Everyone's situation is different, but one way to estimate how much life insurance you may need is to multiply your gross annual salary by 10. However, you may find that you need more than that if you have other long-term financial goals and responsibilities. At the very least, you want to leave enough money so that your family isn't worried about how to pay the bills after your death. The more money you leave can help protect your loved ones for a longer period of time.

The annual premium for all children is $12.00 for $2,500 coverage on each eligible child, regardless of the number insured.

Rates are expected, but not guaranteed, to remain level during the first 10 years. Then, if still eligible, you may re-apply for 10-year level rates in effect for a subsequent 10-year term; rates for the subsequent term would be determined on then current age, health and tobacco/nicotine use. If you're not approved for a subsequent 10-year term of guaranteed rates or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed rate basis with increasing premium as the insured ages. Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

YOUR COST ~ Current 2026 Preferred Annual Premiums* per $1,000 of Coverage

The cost of this life insurance is based on the covered person's gender, amount of insurance requested, use of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Only non-tobacco/nicotine users meeting the highest underwriting standards may qualify for the Super Preferred Non-Smoker rates. Other non-smokers may qualify for the "Preferred" rates. Smokers may only qualify for Smoker rates. Please contact the administrator for rates in these classifications and for amounts of $250,000 to $1,000,000. Upon approval of your application, you will be notified of the rate classification for each approved person.

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	Male	Female	Male	Female
45	$2.00	$1.97	$1.22	$1.07
46	$2.15	$2.10	$1.37	$1.19
47	$2.31	$2.25	$1.50	$1.29
48	$2.46	$2.39	$1.65	$1.41
49	$2.63	$2.54	$1.79	$1.52
50	$2.78	$2.67	$1.94	$1.64
51	$3.05	$2.85	$2.19	$1.77
52	$3.33	$3.02	$2.43	$1.92
53	$3.60	$3.20	$2.69	$2.06
54	$3.89	$3.36	$2.93	$2.21
55	$4.16	$3.54	$3.18	$2.34
56	$4.58	$3.84	$3.54	$2.60
57	$4.98	$4.16	$3.92	$2.84
58	$5.40	$4.46	$4.28	$3.09
59	$5.81	$4.77	$4.65	$3.33
60	$6.23	$5.07	$5.01	$3.59
61	$6.65	$5.37	$5.37	$3.84
62	$7.05	$5.69	$5.75	$4.08
63	$7.47	$5.99	$6.11	$4.34
64	$7.88	$6.30	$6.48	$4.58

Please see the preceding page for additional ages and rates.

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How New York Life Obtains Information and Underwrites Your Request for Group 10-Yr. Term Life Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance , we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, LLC ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information.

Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, LLC, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: PROTECTED PERSONS[1] have a right of access to certain CONFIDENTIAL ABUSE INFORMATION[2] we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

1-PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

2-CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company **8.12 ed**

Administered By:
USI Affinity
90 Matawan Road, Suite 203
Matawan, NJ 07747-9991
AR Insurance License # 325944
CA Insurance License # 0G11911

USI AFFINITY

This Insurance Is Underwritten By:
NEW YORK LIFE INSURANCE COMPANY
51 Madison Avenue
New York, NY 10010
Under Group Policy G-30980-0
on Policy Form G-30980-0/GMR-FACE

NEW YORK LIFE

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This Summary contains a brief description of some of the principal provisions of the proposed insurance coverage. Complete terms and conditions are set forth in the group policy issued by New York Life to the New Jersey State Bar Association, and each insured will receive a Certificate of Insurance containing all the benefits and coverage provisions provided under Group Policy G-30980-0 on policy form GMR-FACE/G-30980-0. This group life policy is available only in the U.S.

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