



When you are counted on to protect what matters most



Group Long-Term Disability Insurance

UNDERWRITTEN BY NEW YORK LIFE INSURANCE COMPANY

Why should I consider NYSSCPA Group Long-Term Disability Insurance?

NYSSCPA Group Long-Term Disability Insurance helps protect your greatest asset—your ability to work and earn an income. It is designed to pay you a monthly wage if you suffer a disabling accident or injury that prevents you from working, allowing you to help maintain your financial stability during an already difficult time.

Who is eligible for coverage?

All NYSSCPA members who are under age 70 and actively working full-time (at least 20 hours per week), are eligible to apply.

What type of coverage is available?

If you are under age 60, you may choose from two options under this disability coverage—both offering a wide range of monthly benefit amounts, allowing you to receive financial protection around your specific needs. If you are age 60 - 69, you may still choose your preferred coverage, but your monthly benefit is limited to \$500.

Plan 1

- Select your waiting period: 30, 90, or 180 days
- Choose your monthly benefit amount from \$100 to \$6,000 (\$4,000 if you choose a 30-day waiting period), in \$100 increments*
- For a disability starting before your 62nd birthday, benefits are payable through your 65th birthday
- For a disability starting after your 62nd birthday but before your 69th birthday, benefits are payable for three years
- For a disability starting after your 69th birthday but before your 70th birthday, benefits are payable for two years.

Plan 2

- Waiting Period is 30 days – Benefits are payable on the 31st day after the onset of the disability
- Choose your monthly benefit amount from \$100 to \$3,250, in \$100 increments*
- In the event of a disability, benefits are payable for two years or through your 70th birthday, whichever occurs first
- For a disability starting after your 69th birthday and before your 70th birthday, benefits are payable for two years

*For applicants age 60 - 69, the monthly benefit is limited to \$500.

With either plan, the total benefit selected (when combined with any other disability insurance you may have or for which you are applying) may not exceed 60% of your regular monthly earnings.

The benefit period is reduced for disabilities due to mental disorder or chemical dependency, as noted in "Limitations and Exclusions".

Are there any additional benefits offered with this insurance program?

Waiver of Premium

While insured under this long-term disability policy, if you become totally disabled and remain so for at least six consecutive months, premiums due thereafter will be waived for as long as you receive benefits.

Partial Disability Benefit

If you are unable to work more than four hours per day after your selected waiting period and 31 days of total disability (due to injury) are over, you will receive 50% of your disability benefit for up to three months.

Survivor Benefit

If you die while receiving benefits for a total disability, a one-time benefit payment, equal to three times the last net monthly benefit paid to the insured, will be paid to your eligible surviving dependents.

Residual Disability Benefit

If you return to work following a total disability (due to injury) and your earnings are less than 75% of your pre-disability earnings, you will receive a residual disability benefit, equal to your chosen monthly benefit less 60% of your earnings during the residual disability. *To be eligible for this benefit, you must have been totally disabled before age 64 and for at least 3 months.*

Pregnancy Benefit

If you become totally disabled due to pregnancy, it will be treated as any other illness under this disability insurance. The pregnancy must have started more than 30 days following your effective date of coverage, and your attending physician must certify that you are completely unable to perform the substantial and material duties of your occupation due to your pregnancy.

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Cost of Living Adjustment

To help your benefit keep pace with the general rise of inflation, a cost-of-living adjustment will be paid on January 1st following each completed calendar year you have been totally disabled. The adjustment to your monthly benefit amount will be the lesser of: 1) two-thirds of the percentage increase in the Consumer Price Index for the previous year; or 2) 5%. The cost-of-living adjustment will continue to increase your monthly benefit until the amount payable is 125% higher than it would have been without this benefit.

How do I apply?

To request this valuable coverage, complete an application online by visiting nysscaplans.com/Apply-DI or mail your completed application to:

NYSSCPA Group Insurance Program
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

Please provide all requested information—failure to do so could result in a delay of application processing.

Your spouse and eligible dependents may also be included on your application. Remember, if you and your spouse are both qualifying NYSSCPA members/employees and apply separately, you may only include your dependents on one application.

Do not send payment—you will be billed upon approval.

California Insurance License #0F76076, AR Insurance License #1322

If you have any questions, please call the Plan Administrator at **(800) 341-6501**.

Insured members are provided with a Certificate of Insurance, which details their coverage. The NYSSCPA costs in providing oversight of this program and also incurs administrative costs in connection with sponsorship. To provide and maintain valuable membership benefit, the NYSSCPA may be reimbursed for these costs.

Details of This Coverage

Definition of Total Disability

Total disability is defined as the complete inability, due to a covered illness or injury, of a person to perform the material duties of his/her regular occupation or profession during the waiting period and proceeding 60 months; a “regular occupation or profession” is one which the person was performing on the day before the total disability began. After 60 months, there must be the complete inability of the person to perform the material duties of any gainful job for which he/she is reasonably fit by training, education, or experience. The total disability must be a result of a covered injury or sickness, and the person must also be under the regular care of a physician. The disability must begin while you are insured under the Policy.

30-Day Free Look

If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

Eligibility Requirements

All NYSSCPA members who reside in the U.S. and are under age 70, and actively working full-time (at least 20 hours a week) are eligible to apply. Acceptance is subject to evidence of insurability as determined by the underwriting company.

Effective Date

If approved, coverage will be effective on the first day of the month following the date your application is approved, provided the premium has been paid. You must be actively at work on the date insurance is to take effect, otherwise the insurance will take effect on the date you resume an active work status.

When Coverage Ends

A person's insurance will end at the earliest of:

1. The date this group policy ends;
2. The date is amended to end coverage for a group of insureds to which the insured member belongs;
3. The end of the period for which the last premium has been paid for the member;
4. The date the person retires or ceases to be actively at work on a full-time basis for reasons other than total disability;
5. The date the insured member receives total disability benefits for the maximum benefit period;
6. The date the insured requests that coverage ends;
7. The insured person's premium due date coinciding with or next following the date the member ceases to be a member in good standing with the NYSSCPA;
8. The insured person's premium due date coinciding with or next following the date the person attains age 70.

Waiting Period

A waiting period signifies the number of consecutive days of total disability for which no benefits are paid. The waiting period begins on the first day of total disability occurring after the effective date of a person's insurance. You may choose an extended waiting period to coordinate with the other sources of short-term disability benefits that you may be eligible to receive.

Pre-Existing Condition Limitation

Limited monthly benefits will be paid for pre-existing conditions (an injury or sickness for which the person incurred charges, received medical treatment, consulted a physician, or took prescribed drugs within six months before he or she became insured by this policy). If a disability is due to a pre-existing condition and it begins within 12 months of the date the person becomes insured by this policy, no benefits will be paid. Once the pre-existing limitation has elapsed (12 months) the limitation no longer applies.

Limitations and Exclusions

If a total disability is due to a mental, nervous, or emotional disorder, alcoholism, or drug addiction, a maximum of 24 monthly benefits will be paid while such disability continues. No monthly benefit will be paid for disability due to an intentionally self-inflicted injury, a war or “act of war,” participation in the commission or attempted commission of a crime, or any impairment or disease specifically excluded from the insured's coverage. The maximum benefit duration applies to all types of benefits, including total disability benefits, partial disability benefits, and residual disability benefits. Only one type of benefit is payable during any given period of time.

Certificate of Insurance

This brochure explains the general purpose of the insurance described, but in no way changes or affects Master Group Policy G-30804 as actually issued by New York Life Insurance Company to the New York State Society of Certified Public Accountants. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual.

Group Long-Term Disability Insurance

IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request For Group Long-Term Disability 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 or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB and such information may then be furnished by MIB, upon request, to a member company.

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

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

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for 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. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: *PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.*

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 7/1/15



Brokered & Administered by:



1200 E. Glen Ave., Peoria Heights, IL 61616-5348
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On Policy Form-FACE/G-30804-0
Under Group Policy G-30804-0

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