



Insurance



AAO-Endorsed Group Term Life Insurance and Chronic Illness Rider

Help Safeguard Your Family's Financial Future

LEARN MORE ABOUT MAKING YOUR LIFE INSURANCE WORK HARDER WITH AN OPTIONAL CHRONIC ILLNESS RIDER

Statistics point to the fact that chronic illness could be a reality for many of us, with troubling implications for not only our medical and mental health, but the financial future of our loved ones. Rising healthcare costs, deductibles, and co-pays will make caring for someone with a chronic illness difficult and costly.

With a chronic illness rider added to an AAO-Endorsed Group Term Life insurance policy, you can receive financial help while you're still living.

HOW DO I APPLY?





The chronic illness rider can be added to an AAO-Endorsed Group Term Life Insurance policy, but cannot be purchased as a stand-alone product.

Select a portion of your term life insurance that will be eligible for the chronic illness rider from \$50,000 to \$1,000,000 (\$50,000 increments) not to exceed your Group Term Life Insurance amount for AAO members and \$25,000 to \$1,000,000 (increments of \$25,000) for spouses (not to exceed member amount). You may accelerate 50% of the chronic illness rider amount subject to the terms outlined in the certificate.

WHO IS ELIGIBLE TO APPLY?

AAO members ages 20-64 may apply for the chronic illness rider. Qualifying spouses who are ages 20-64 and are eligible for, or already covered by, AAO-Endorsed Group Term Life insurance, also may apply.

HERE'S AN EXAMPLE OF HOW IT WORKS.

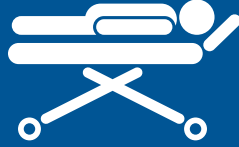
-  You purchase an AAO-Endorsed Group Term Life Insurance policy (or maybe you have one already) with, for example, \$600,000 in benefit coverage
-  Add a chronic illness rider at time of purchase or anytime thereafter
-  You are diagnosed with a qualifying chronic illness and can begin accelerating up to 50% of the chronic illness rider portion you added to your Group Term Life Insurance to help ensure quality care for yourself and financial stability for your loved ones*
-  Your beneficiary receives a benefit payout at time of death minus the amount accelerated, or paid out, for chronic illness care.

*Receipt of the accelerated life benefit may be taxable. The owner may want to seek assistance from a personal tax advisor.

HOW MUCH OF MY AAO-ENDORSED GROUP TERM LIFE INSURANCE BENEFIT CAN I USE?

You can accelerate up to 50% of the portion of your Group Term Life Insurance amount that will be subject to the Chronic Illness Rider (not to exceed \$500,000) when you are diagnosed with a qualifying chronic illness. Accelerated life benefits for chronic illness are paid annually in four installments (12.5% of chronic illness coverage amount per year with no more than \$125,000 made payable in one year).* You may also use an additional 25% of your life benefit amount if a separate terminal condition occurs later.**

**A terminal illness benefit is payable up to 50% of the face amount. Percentage of combined accelerations between chronic illness rider and terminal illness cannot exceed 75%.



The rise of chronic illness in America is reaching epidemic proportions. The statistics are alarming and the projected forecast over the next decade doesn't make it sound any better. There are good, preventative measures that most of us can take to reduce the risk of chronic illness. However, the percentages alone point to the need for an alternative.

What's your back-up plan?



More than 190 million Americans, or about 59 percent of the population, are affected by one or more chronic diseases.¹



By 2030, 83 million people will have 3 or more chronic illnesses at a cost of \$25,000 per person if current trends continue.²



The projected total cost of chronic disease from 2016-2030 in America is \$42 trillion.²

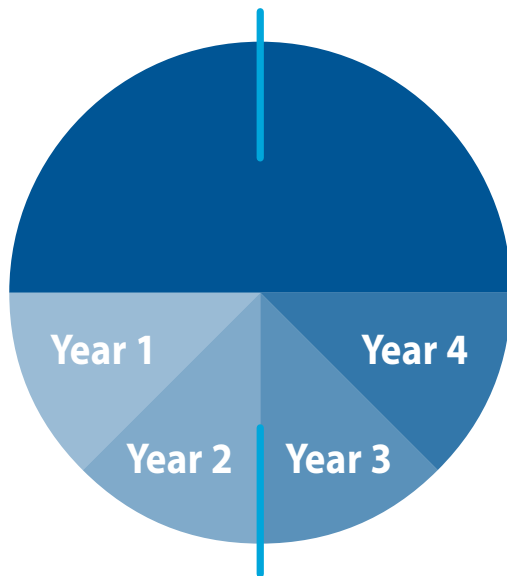
¹New National Data Shows: The Projected total cost of chronic disease from 2016-2030 in America is \$42 Trillion. | Keeping Education ACTIVE | Partnership to Fight Chronic Disease. Partnership to Fight Chronic Disease, n.d. Web. 11 May 2017.

²What is the Impact of Chronic Disease on America? N.p.: Partnership to Fight Chronic Disease, n.d. PDF. 11 May 2017.

Protection for the Unexpected

BENEFITS AT DEATH

Policy face amount.
Death benefit paid to beneficiaries.



BENEFITS DURING LIFE

Amount for chronic illness benefit.
Paid to you for chronic illness needs.***

Additionally, if you qualify for accelerated life benefits prior to age 60, you will also qualify for waiver of premium on both your life insurance and chronic illness rider after 90 days.

HOW CAN I USE MY PAYOUTS?

Life benefit payouts are sent directly to the insured and can be used in any way that is most helpful to you and your loved ones.*

HOW DO I MAKE A CLAIM?

A licensed health care practitioner other than yourself or a family member must certify that you meet the stipulations of a chronic illness diagnosis. Annual recertification by a licensed health care practitioner is required.

WHAT QUALIFIES AS A CHRONIC ILLNESS DIAGNOSIS?

A chronic illness qualifies for an accelerated life benefit if you are permanently unable to perform two out of six activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) or you have a permanent severe cognitive impairment requiring substantial supervision to protect you from threats to health and safety. The chronic illness must occur after coverage is in effect and last for a continuous period of 90 days.

HOW LONG DOES COVERAGE LAST?

Coverage extends to age 80. If a terminal illness claim is approved, the chronic illness rider will no longer be in effect.

WILL THERE BE ANY REDUCTIONS IN COVERAGE?

The amount of chronic illness coverage is subject to life schedule reductions and is based on the amount of coverage that would be in force one year after the request for acceleration was approved.

*The acceleration is subject to life schedule reductions and is based on the amount of coverage that would be in force one year after the request for acceleration was approved. A qualifying chronic illness must be certified by a licensed health care practitioner each year.

***Benefits for chronic illness needs are up to 50% of the portion of your Group Term Life Insurance amount that will be subject to the Chronic Illness Rider benefit up to \$1,000,000. Benefits used for chronic illness decrease the amount available to beneficiaries upon the insured's death.

Life is unpredictable. Group Term Life Insurance from the American Association of Orthodontists (AAO) can help provide monetary support to your loved ones in the event of your death. With the AAO plan, you can expect valuable benefits at competitive rates.

CHOOSE AN AMOUNT FROM \$100,000 TO \$3,000,000

You have the flexibility to choose any amount you need, from \$100,000 to \$3,000,000 in increments of \$10,000.

Coverage can be renewed until age 85.

YOUR PLAN INCLUDES AN ACCELERATED DEATH BENEFIT

This feature allows you to withdraw as much as 50% of your death benefit in advance, should you be diagnosed with a terminal illness before age 84 and given less than 12* months to live. You may use this money however you like—to help pay for medical care, make final arrangements, take a vacation, etc. There are no restrictions.

INFLATION GUARD

Inflation Guard allows you to increase your insurance amount by 10% for ten years, gradually doubling it without medical underwriting. If accepted, the increase is automatically included each year if you are under age 70, not disabled, and insured for one full year subject to a corresponding premium increase based upon the insureds age at the time, as long as the maximum benefit amount has not been reached.

Who Is Eligible? If you are an orthodontist under age 70, residing in the United States (excluding VT, and WA) and Puerto Rico and Canada (except Quebec), and an AAO member or a full-time student member, then you are eligible for coverage. Total coverage for all AAO-endorsed group life insurance plans combined cannot exceed \$3,000,000 for AAO member and \$1,500,000 for lawful spouse.

How Will You Know You're Approved for Coverage? Once you are approved for coverage, you will receive a certificate describing your coverage, issued by New York Life on Policy Form GMR -FACE/G-14242-0.

When Will Coverage Become Effective? In order to become insured, you must provide satisfactory evidence of insurability and pay the required premium. Insurance will take effect on the first day of the month on or following the date your coverage and any dependent coverage is approved by New York Life, provided the initial premium deposit is paid within 31 days of that date and any person who is to be insured is performing the normal activities** of a person in good health of like age and sex on such date. (Dependent children must be at least 15 days old and not hospitalized before Life Insurance can become effective.)

Inflation Guard does not apply to the Chronic Illness Rider coverage amount.

For the offer to be effective, you do not need to reapply or re-qualify each year—simply choose to accept or decline the additional 10%. However, once declined it cannot be resumed. Your total premium will increase annually to reflect your increased benefit amount at your then current age.

COVERAGE IS AVAILABLE FOR YOUR SPOUSE AND CHILDREN

The loss of a spouse can cause a serious financial burden to any family. Under the Term Life Plan, you may apply for your lawful spouse under age 70 for a coverage amount from \$100,000 up to \$1,500,000 in \$10,000 increments, not to exceed your benefit election. Additionally, your unmarried, dependent children who are between the ages of 15 days and under 25 years may be covered for \$5,000 or \$10,000 of coverage each (\$500 for children 15 days to under six months of age).. No matter how many eligible children you may have, one annual premium of \$17.50 for \$5,000 or \$35 for \$10,000 covers them all. All dependent coverage is subject to approval by New York Life.

In the event of your death, your insured dependents may continue coverage, provided the appropriate premium is paid and they remain eligible. Also, a dependent's coverage ends when your spouse divorces or legally separates from you; when your coverage ends due to AAO membership ending; when a child marries, becomes self-supporting, or reaches age 25; or when your spouse reaches age 85. All insurance terminates when you: (1) fail to make premium payments; (2) cease your AAO membership; or (3) the group policy is terminated; (4) when you reach 85.

GET A NO-OBLIGATION QUOTE

Take just a few moments now to call the AAO-Endorsed Insurance Program Administrator. A trained representative will be happy to discuss your needs, answer your questions, and show you how affordable a term life plan can be. There is absolutely no obligation to apply for this plan—just an opportunity to get the facts you need to make a decision. What's important is that your decision will be based upon very timely and relevant information.

*24 months for residents of Illinois

**For NC residents, "normal activities" is replaced by the requirement that the health status of any proposed insured person remains as stated in your application.

What if I determine this coverage isn't right for me? 30-Day Free Look. When you become insured, you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your Certificate, you may return it without claim within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

How and When Could Your Coverage End?

New York Life cannot change benefits, terminate coverage, or change premiums on an individual basis; it may do so on a class-wide basis. The benefits provided under the group policy may be changed upon agreement with New York Life and AAO. While the group policy continues in force, you may renew your coverage until age 85. You must also continue to be an AAO member and pay your premium on time to renew your coverage.

What Is the Accelerated Death Benefit?

This benefit is designed to provide terminally ill life insureds the option to have a portion of their life insurance benefit paid while they are still alive. The insured is then free to use that money any way he/she desires. To qualify for the accelerated death benefit, you must be insured under the AAO-endorsed Term Life Insurance Plan and diagnosed as having a life expectancy of 12* months or less. Proof of terminal illness will consist of a statement from your physician and any additional medical information that New York Life believes necessary to confirm the insured's status.

If the insured qualifies, he or she will be paid, in a lump sum, 50% of the benefit in force on the date of the approval of the request. The balance of the face of the policy will be paid to the insured's named beneficiaries upon the death of

the insured. Only one accelerated death benefit will be made during the insured's lifetime, and any benefit payable for loss of life will be reduced by the amount paid by the accelerated death benefit. Prior to applying for the accelerated death benefit, insureds should consult with the appropriate social services agency and tax advisor. Receipt of the accelerated death benefit may affect eligibility for public assistance programs and may be taxable.***

What Is My Right of Conversion? You may convert your coverage to an individual plan offered by New York Life, regardless of physical condition or history, under the conditions stated in your certificate. This right of conversion is also available to your covered family dependents. Conversion must be requested within 31 days of the date you become eligible for this conversion. You'll be notified by the AAO-Endorsed Insurance Program Administrator and/or New York Life.

Can I Choose My Own Beneficiary? Yes. You may name anyone you choose as the beneficiary for coverage on your life. The member is automatically the beneficiary for spouse and children coverage. You may also change your beneficiary at any time by written request. If an insured member dies, life insurance then in force on his dependents may be continued as long as they otherwise remain eligible and make timely premium payments.

***Chronic Illness Rider and the Accelerated Death Benefit (Terminal Illness Benefit): This plan also provides a terminal illness acceleration provision. If Chronic Illness Rider acceleration is requested first, the total acceleration cannot exceed 75% of your life insurance. If terminal illness acceleration is requested first, the Chronic Illness Rider will terminate.

Learn More

For more information or to apply for coverage, give us a call at **800-622-0344** or visit us online at **aao-insurance.com/TLCIR**



Insurance

Underwritten by:



Pearl Insurance: 1200 E. Glen Ave., Peoria Heights, IL 61616
California Insurance License #OF76076 AR #1322

The AAO-Endorsed Insurance Program is administered by Pearl Insurance. Coverage may vary by state. A complete description of coverage is contained in the Certificate of Insurance, including features, costs, eligibility, renewability, limitations, and exclusions. The AAO Group Term Life Insurance Program is underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under Group Policy No. G-14242-0 on Policy Forms GMR-FACE/G-14242-0.

AAO incurs certain administrative expenses in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for such expenses.

EXCLUSIONS AND LIMITATIONS: Benefits will not be paid for death resulting from suicide within the first 12 months of coverage if New York Life can show that suicide was intended at the time of application.

Important Notice: How New York Life Obtains Information and Underwrites Your Request for Group 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, Inc. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, 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, Inc., 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.

¹PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person. ²CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

This is a life insurance benefit that also gives you the option to accelerate some of the death benefit in the event that you are certified with a chronic illness as described in the certificate. Chronic Illness Rider Notice: This rider is not intended to be a federally tax-qualified long-term care insurance contract under Internal Revenue Code (IRC) Section 7702B. Therefore, the premiums payable for this rider do not qualify as long-term care insurance premiums and are not deductible from gross income for federal income tax purposes. This rider, however, is subject to the federal per diem limits set forth in IRC Section 7702B. Under this rider, New York Life will not pay claimants more than the federal per diem limits. Assuming the amount you receive in the aggregate from all applicable policies does not exceed the federal per diem limits set forth in IRC Section 7702B, the benefits provided by the Chronic Illness Rider are intended to be excludable from federal gross income under Section 101 (g) of the IRC.

Receipt of an accelerated death benefit may affect eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences. Accelerating benefits before applying for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. You can contact the appropriate social service agency (e.g., the Medicaid Unit of your local Department of Public Welfare or the Social Security Administration Office) for more information.