



GROUP 10-YEAR LEVEL TERM LIFE INSURANCE PLAN

The future is unknown— are you prepared?

Over half of all U.S. households say they would need life insurance to help cover bills and maintain their lifestyle if the primary wage earner passed away.*

Reducing uncertainty is key to your peace of mind. Think about how your loved ones would be affected if something should happen to you. Would they be able to cover the cost of going to college, owning a home, or even going on a planned trip if you were suddenly removed from the picture?

Help ensure your family's financial future with the Texas Society of Certified Public Accountants (TXCPA) Group 10-Year Level Term Life Insurance Plan. With this plan, you can lock in guaranteed rates for the next 10 years—this means your premium will not increase during your 10-year term. Your coverage amount will never decrease for the entire time you're insured.

Benefit Features:

- > Coverage options from \$100,000 to \$2,000,000 (in \$50,000 increments)
- > Portable coverage that can stay with you even if you change jobs
- > Level rates for 10 years
- > Accelerated Death Benefit
- > Volume discounts if you apply for \$250,000 or more in coverage. Rates are discounted even more if you elect \$500,000 or more in coverage

Who is eligible?

This plan is offered to TXCPA members and their lawful spouses under age 65 and who are residents of the United States, District of Columbia, and Puerto Rico. Spouse coverage may not exceed member's benefit amount. Your dependent children under age 25 can be covered for \$2,000 each (\$500 for children under age six months).

Almost 50% of
American adults are
without life insurance.*

*"Life insurance statistics in 2020," Policygenius, January 2020.

DETAILS OF THIS COVERAGE

Accelerated Death Benefit

Available to help terminally ill insureds and their families in a difficult time, this feature is designed to provide an insured with an opportunity to request one advanced payment equal to 50% of their in force life insurance to be paid while that person is still alive. To qualify, the insured must be diagnosed by a physician as having a life expectancy of 24 months or less. The request must be no later than 12 months before the insured person's 80th birthday and the death benefit would be reduced by the amount paid to the insured. Premiums do not reduce. For additional details and limitations, please see the Certificate of Insurance. Please note that receipt of accelerated death benefits 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 services agency and seek the advice of tax counsel.

Conversion

The plan gives you the opportunity to convert to an individual policy when coverage terminates due to certain circumstances of involuntary termination as described in your Certificate of Insurance.

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!

When Coverage Is Effective

All coverage is subject to underwriting approval. Approved coverage will take effect on the first of the month or on the month following the date your application is approved by New York Life, provided your premium contribution is received within 31 days of such date and you, and your eligible dependents (if also to be insured) are performing the normal activities* of a person in good health of like age on this date. If a person is not performing normal activities* on the date their coverage is effective, their effective date will be deferred until they are performing the required activities,* (Residents of North Carolina: 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 remains the same as stated in your application.) provided they resume normal activities within three months of their original effective date and they remain eligible.

When Coverage Ends

Your coverage can remain in force until the insured attains age 80 (age 25 for children) provided:

- > The group policy is not terminated or modified by the Group Policyholder to end coverage for the group of insureds.
- > You pay your premiums when due

If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it **without claim** within 30 days.

Payment Options

1. Automatic Monthly Check
Withdraw: you can elect to have your premiums automatically deducted from your checking account on a monthly basis.
2. Semiannual Direct Bill: you can elect to have your bill sent to you directly twice a year, January 1 or July 1. You can also access a secure website where you can register to have your premium withdrawn from your bank account or charged to your credit card.

RENEWAL PAYMENTS AND CLAIMS

Renewability After Your First 10-Year Term

This plan is guaranteed renewable while the group policy remains in force, subject to payment of premiums. The 10-year premium guarantee period will end on the premium due date coinciding with or next following the 10-year anniversary of the coverage effective date. At the end of the 10-year period, provided the insured is under age 65 and otherwise remains eligible, you may apply for a subsequent 10-year term of guaranteed level rates. If the application is approved, your premium contribution will be based on the insured person's age, health, and tobacco/nicotine use at the time the coverage becomes effective, and will be guaranteed for a new 10-year term. If you and your spouse are not approved or are age 65 or older, coverage will continue in force on a non-guaranteed rate basis, under which premium contributions increase as the insured ages.

Exclusions & Limitations

Coverage is provided for death from any cause, except for death from suicide within the first 12 months coverage is in effect, whether sane or insane. In the case of suicide within the first 12 months of coverage, premiums paid will be refunded.

Note: Incontestability – Once your coverage has been in force for two years after your effective date, your coverage is incontestable except for non-payment of premiums.

Choice of Beneficiary

You may choose any person(s), trust, or other legal entity as your beneficiary. If there are no surviving beneficiaries at the time of your death, benefits will be paid to the executor or administrator of your estate or, at the option of New York Life, to surviving relatives in the following order: spouse, children equally, parents equally, or siblings equally.

For a **faster way** to request this valuable coverage, complete the application or apply online.

Ownership of Insurance

"Owner" means the person or entity with rights of ownership of this insurance as described in the Certificate of Insurance. If a transfer of ownership has been recorded by or on behalf of New York Life Insurance Company, or if initial ownership is other than the member according to the information provided on the application, references throughout this plan information to "you" or "member" will mean "owner," as applicable.

PREMIUM RATES

Current 2021 Annual Rates Per \$1,000

Increment of Insurance

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending on selected options.

Only non-smokers meeting the highest underwriting standards will qualify for Preferred rates. Other non-smokers may qualify for the higher Select or Standard rates. (Note: Smokers may only qualify for Standard rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Important Information

Regarding Premium Rates

Example: A 40-year old male, non-tobacco/nicotine user qualified for Preferred rates and selected \$700,000 in life insurance. Take \$0.57 multiplied by the number of \$1,000 increments. (700,000 divided by 1,000 = 700 units). $\$0.57 \times 700 = \$399/\text{year}$.

As previously noted, member and spouse benefits under this plan are available in \$50,000 increments. Premiums are payable semiannually, or via monthly Electronic Funds Transfer (EFT) option. Monthly rates are 1/12 of the annual rates shown.

Send no payment now—you will be billed upon the approval of your application.

Note: Premiums are guaranteed to remain level for the first 10 years of coverage. See Renewability After Your First 10-Year Term.

For an annual rate of \$0.50, you can cover all of your eligible children for \$2,000 each (\$500 for children under age six months).

\$100,000 – \$249,000 Benefit

ISSUE AGE	MALE			FEMALE		
	Preferred	Select	Standard	Preferred	Select	Standard
20	\$0.76	\$0.86	\$2.09	\$0.68	\$0.78	\$1.78
21	\$0.76	\$0.86	\$2.09	\$0.68	\$0.78	\$1.78
22	\$0.76	\$0.86	\$2.09	\$0.68	\$0.78	\$1.78
23	\$0.76	\$0.86	\$2.09	\$0.68	\$0.78	\$1.78
24	\$0.76	\$0.86	\$2.10	\$0.68	\$0.78	\$1.78
25	\$0.76	\$0.86	\$2.10	\$0.68	\$0.78	\$1.78
26	\$0.76	\$0.86	\$2.11	\$0.68	\$0.78	\$1.78
27	\$0.76	\$0.86	\$2.11	\$0.68	\$0.78	\$1.78
28	\$0.76	\$0.86	\$2.12	\$0.68	\$0.78	\$1.79
29	\$0.76	\$0.86	\$2.15	\$0.68	\$0.78	\$1.79
30	\$0.76	\$0.86	\$2.16	\$0.68	\$0.78	\$1.83
31	\$0.76	\$0.86	\$2.16	\$0.68	\$0.78	\$1.83
32	\$0.76	\$0.86	\$2.16	\$0.68	\$0.78	\$1.83
33	\$0.76	\$0.86	\$2.16	\$0.68	\$0.78	\$1.83
34	\$0.76	\$0.86	\$2.16	\$0.68	\$0.78	\$1.83
35	\$0.76	\$0.86	\$2.22	\$0.68	\$0.78	\$1.86
36	\$0.77	\$0.89	\$2.32	\$0.69	\$0.80	\$1.95
37	\$0.79	\$0.92	\$2.46	\$0.74	\$0.84	\$2.09
38	\$0.84	\$0.96	\$2.62	\$0.77	\$0.88	\$2.26
39	\$0.88	\$1.01	\$2.84	\$0.80	\$0.94	\$2.46
40	\$0.92	\$1.07	\$3.06	\$0.85	\$0.98	\$2.64
41	\$0.97	\$1.13	\$3.34	\$0.90	\$1.06	\$2.84
42	\$1.03	\$1.22	\$3.67	\$0.96	\$1.12	\$3.04
43	\$1.10	\$1.30	\$4.05	\$1.03	\$1.21	\$3.28
44	\$1.17	\$1.41	\$4.46	\$1.10	\$1.29	\$3.51
45	\$1.28	\$1.52	\$4.87	\$1.16	\$1.38	\$3.77
46	\$1.39	\$1.64	\$5.36	\$1.23	\$1.44	\$4.05
47	\$1.51	\$1.78	\$5.87	\$1.29	\$1.53	\$4.35
48	\$1.62	\$1.94	\$6.42	\$1.35	\$1.62	\$4.66
49	\$1.77	\$2.10	\$7.00	\$1.43	\$1.71	\$4.98
50	\$1.93	\$2.30	\$7.57	\$1.52	\$1.83	\$5.31
51	\$2.09	\$2.50	\$8.13	\$1.62	\$1.93	\$5.65
52	\$2.24	\$2.71	\$8.67	\$1.74	\$2.05	\$6.01
53	\$2.42	\$2.95	\$9.24	\$1.86	\$2.17	\$6.37
54	\$2.64	\$3.20	\$9.88	\$1.99	\$2.31	\$6.74
55	\$2.85	\$3.49	\$10.62	\$2.12	\$2.48	\$7.13
56	\$3.10	\$3.78	\$11.44	\$2.24	\$2.64	\$7.47
57	\$3.34	\$4.10	\$12.31	\$2.38	\$2.81	\$7.80
58	\$3.65	\$4.46	\$13.30	\$2.50	\$3.01	\$8.15
59	\$3.99	\$4.86	\$14.47	\$2.66	\$3.22	\$8.60
60	\$4.39	\$5.36	\$15.82	\$2.86	\$3.50	\$9.20
61	\$4.84	\$5.91	\$17.30	\$3.12	\$3.82	\$9.96
62	\$5.32	\$6.56	\$18.91	\$3.42	\$4.16	\$10.87
63	\$5.90	\$7.28	\$20.80	\$3.77	\$4.58	\$11.91
64	\$6.57	\$8.11	\$23.11	\$4.16	\$5.02	\$13.08

*Male rates apply to all coverage issued to Montana residents, regardless of a person's gender.

VOLUME DISCOUNTED PREMIUM RATES

Current 2021 Annual Rates Per \$1,000

Increment of Insurance

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending on selected options.

Only non-smokers meeting the highest underwriting standards will qualify for Preferred rates. Other non-smokers may qualify for the higher Select or Standard rates. (Note: Smokers may only qualify for Standard rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Note: Premiums are guaranteed to remain level for the first 10 years of coverage. See Renewability After Your First 10-Year Term

\$250,000 – \$499,000 Benefit

ISSUE AGE	MALE			FEMALE		
	Preferred	Select	Standard	Preferred	Select	Standard
20	\$0.51	\$0.61	\$1.82	\$0.44	\$0.53	\$1.53
21	\$0.51	\$0.61	\$1.82	\$0.44	\$0.53	\$1.53
22	\$0.51	\$0.61	\$1.82	\$0.44	\$0.53	\$1.53
23	\$0.51	\$0.61	\$1.82	\$0.44	\$0.53	\$1.53
24	\$0.51	\$0.61	\$1.84	\$0.44	\$0.53	\$1.53
25	\$0.51	\$0.61	\$1.84	\$0.44	\$0.53	\$1.53
26	\$0.51	\$0.61	\$1.85	\$0.44	\$0.53	\$1.53
27	\$0.51	\$0.61	\$1.85	\$0.44	\$0.53	\$1.53
28	\$0.51	\$0.61	\$1.86	\$0.44	\$0.53	\$1.54
29	\$0.51	\$0.61	\$1.87	\$0.44	\$0.53	\$1.54
30	\$0.51	\$0.61	\$1.89	\$0.44	\$0.53	\$1.55
31	\$0.51	\$0.61	\$1.89	\$0.44	\$0.53	\$1.55
32	\$0.51	\$0.61	\$1.89	\$0.44	\$0.53	\$1.55
33	\$0.51	\$0.61	\$1.89	\$0.44	\$0.53	\$1.55
34	\$0.51	\$0.61	\$1.89	\$0.44	\$0.53	\$1.55
35	\$0.51	\$0.61	\$1.96	\$0.44	\$0.53	\$1.60
36	\$0.52	\$0.64	\$2.05	\$0.45	\$0.56	\$1.68
37	\$0.53	\$0.66	\$2.18	\$0.47	\$0.58	\$1.82
38	\$0.56	\$0.70	\$2.34	\$0.52	\$0.63	\$1.99
39	\$0.58	\$0.76	\$2.55	\$0.56	\$0.67	\$2.18
40	\$0.63	\$0.81	\$2.78	\$0.59	\$0.73	\$2.35
41	\$0.67	\$0.88	\$3.06	\$0.65	\$0.79	\$2.55
42	\$0.76	\$0.96	\$3.38	\$0.70	\$0.86	\$2.75
43	\$0.84	\$1.03	\$3.74	\$0.77	\$0.95	\$2.98
44	\$0.91	\$1.14	\$4.14	\$0.84	\$1.02	\$3.22
45	\$1.01	\$1.24	\$4.55	\$0.90	\$1.10	\$3.48
46	\$1.10	\$1.36	\$5.02	\$0.97	\$1.18	\$3.74
47	\$1.20	\$1.52	\$5.53	\$1.02	\$1.27	\$4.03
48	\$1.29	\$1.66	\$6.06	\$1.09	\$1.35	\$4.33
49	\$1.41	\$1.82	\$6.62	\$1.16	\$1.43	\$4.65
50	\$1.54	\$2.00	\$7.18	\$1.23	\$1.54	\$4.97
51	\$1.71	\$2.21	\$7.73	\$1.33	\$1.65	\$5.30
52	\$1.89	\$2.42	\$8.26	\$1.45	\$1.77	\$5.65
53	\$2.09	\$2.64	\$8.82	\$1.56	\$1.89	\$6.02
54	\$2.31	\$2.89	\$9.46	\$1.71	\$2.04	\$6.37
55	\$2.55	\$3.18	\$10.16	\$1.84	\$2.18	\$6.75
56	\$2.79	\$3.48	\$10.97	\$1.96	\$2.34	\$7.10
57	\$3.05	\$3.75	\$11.83	\$2.07	\$2.51	\$7.41
58	\$3.33	\$4.11	\$12.80	\$2.21	\$2.72	\$7.76
59	\$3.67	\$4.51	\$13.94	\$2.37	\$2.93	\$8.20
60	\$4.06	\$4.98	\$15.27	\$2.56	\$3.15	\$8.78
61	\$4.51	\$5.54	\$16.71	\$2.83	\$3.50	\$9.53
62	\$5.03	\$6.20	\$18.28	\$3.14	\$3.84	\$10.42
63	\$5.60	\$6.92	\$20.13	\$3.50	\$4.25	\$11.43
64	\$6.25	\$7.74	\$22.44	\$3.87	\$4.66	\$12.57

*Male rates apply to all coverage issued to Montana residents, regardless of a person's gender.

VOLUME DISCOUNTED PREMIUM RATES

Current 2021 Annual Rates Per \$1,000 Increment of Insurance

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending on selected options.

Only non-smokers meeting the highest underwriting standards will qualify for Preferred rates. Other non-smokers may qualify for the higher Select or Standard rates. (Note: Smokers may only qualify for Standard rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Note: Premiums are guaranteed to remain level for the first 10 years of coverage. See Renewability After Your First 10-Year Term

\$500,000 – \$2,000,000 Benefit

ISSUE AGE	MALE			FEMALE		
	Preferred	Select	Standard	Preferred	Select	Standard
20	\$0.45	\$0.56	\$1.75	\$0.39	\$0.48	\$1.46
21	\$0.45	\$0.56	\$1.75	\$0.39	\$0.48	\$1.46
22	\$0.45	\$0.56	\$1.75	\$0.39	\$0.48	\$1.46
23	\$0.45	\$0.56	\$1.75	\$0.39	\$0.48	\$1.46
24	\$0.45	\$0.56	\$1.76	\$0.39	\$0.48	\$1.46
25	\$0.45	\$0.56	\$1.76	\$0.39	\$0.48	\$1.46
26	\$0.45	\$0.56	\$1.77	\$0.39	\$0.48	\$1.46
27	\$0.45	\$0.56	\$1.77	\$0.39	\$0.48	\$1.46
28	\$0.45	\$0.56	\$1.79	\$0.39	\$0.48	\$1.47
29	\$0.45	\$0.56	\$1.80	\$0.39	\$0.48	\$1.47
30	\$0.45	\$0.56	\$1.82	\$0.39	\$0.48	\$1.49
31	\$0.45	\$0.56	\$1.82	\$0.39	\$0.48	\$1.49
32	\$0.45	\$0.56	\$1.82	\$0.39	\$0.48	\$1.49
33	\$0.45	\$0.56	\$1.82	\$0.39	\$0.48	\$1.49
34	\$0.45	\$0.56	\$1.82	\$0.39	\$0.48	\$1.49
35	\$0.45	\$0.56	\$1.88	\$0.39	\$0.48	\$1.53
36	\$0.46	\$0.58	\$1.97	\$0.40	\$0.51	\$1.62
37	\$0.48	\$0.61	\$2.10	\$0.43	\$0.53	\$1.75
38	\$0.51	\$0.65	\$2.26	\$0.46	\$0.57	\$1.91
39	\$0.53	\$0.70	\$2.46	\$0.51	\$0.63	\$2.10
40	\$0.57	\$0.76	\$2.70	\$0.54	\$0.67	\$2.28
41	\$0.63	\$0.81	\$2.92	\$0.59	\$0.74	\$2.46
42	\$0.70	\$0.90	\$3.28	\$0.65	\$0.80	\$2.66
43	\$0.78	\$0.98	\$3.63	\$0.72	\$0.88	\$2.88
44	\$0.86	\$1.08	\$4.03	\$0.78	\$0.97	\$3.12
45	\$0.95	\$1.19	\$4.43	\$0.85	\$1.05	\$3.38
46	\$1.05	\$1.30	\$4.90	\$0.91	\$1.12	\$3.63
47	\$1.13	\$1.45	\$5.40	\$0.97	\$1.20	\$3.92
48	\$1.22	\$1.60	\$5.93	\$1.02	\$1.29	\$4.22
49	\$1.34	\$1.75	\$6.48	\$1.09	\$1.36	\$4.53
50	\$1.47	\$1.94	\$7.03	\$1.18	\$1.47	\$4.85
51	\$1.63	\$2.12	\$7.56	\$1.27	\$1.57	\$5.18
52	\$1.82	\$2.33	\$8.09	\$1.39	\$1.69	\$5.52
53	\$2.01	\$2.56	\$8.64	\$1.50	\$1.82	\$5.87
54	\$2.23	\$2.81	\$9.25	\$1.63	\$1.96	\$6.23
55	\$2.46	\$3.08	\$9.96	\$1.76	\$2.10	\$6.60
56	\$2.71	\$3.38	\$10.74	\$1.88	\$2.26	\$6.93
57	\$2.95	\$3.64	\$11.59	\$2.00	\$2.43	\$7.25
58	\$3.25	\$4.00	\$12.55	\$2.12	\$2.63	\$7.59
59	\$3.56	\$4.39	\$13.66	\$2.29	\$2.84	\$8.02
60	\$3.95	\$4.86	\$14.97	\$2.49	\$3.06	\$8.59
61	\$4.39	\$5.41	\$16.40	\$2.74	\$3.40	\$9.33
62	\$4.91	\$6.05	\$17.94	\$3.05	\$3.74	\$10.21
63	\$5.47	\$6.77	\$19.76	\$3.40	\$4.14	\$11.20
64	\$6.11	\$7.57	\$22.02	\$3.76	\$4.55	\$12.32

*Male rates apply to all coverage issued to Montana residents, regardless of a person's gender.

IMPORTANT NOTICE:
HOW NEW YORK LIFE OBTAINS
INFORMATION AND UNDERWRITES
YOUR REQUEST FOR GROUP 10-YEAR
LEVEL 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.

New York Life Insurance Company

7.15 ed.

HOW TO APPLY

To Apply

1. Complete the application or apply online. Please indicate whether you are requesting coverage for your spouse.
2. Do not send payment until New York Life Insurance Company has approved your application and notifies you of a premium contribution due.
3. *Mail your completed application to:*
TXCPA Group Insurance Program
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

Sponsored by:

Texas Society of Certified
Public Accountants (TXCPA)

Underwritten by:



New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

Under Group Policy G-29113-0
On Policy Form G-29113-0/GMR-FACE

NEW YORK LIFE and the NEW YORK LIFE Box Logo are
trademarks of New York Life Insurance Company.

Plan Administrator:



PEARL[®]
INSURANCE

1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

California Insurance License #0F76076
Arkansas Insurance License #1322

> This brochure provides a general description of the insurance plan offered and is not a contract. Complete terms, conditions, definitions, exclusions, limitations, and renewability requirements are detailed in Group Policy No. G-29113-0/FACE issued to the Trustees of the Texas Society of Certified Public Accountants Insurance Trust.

> The TXCPA Insurance Trust incurs costs in providing oversight of this program and also incurs administrative costs in connection with sponsorship. To provide and maintain valuable membership benefit, the TXCPA Insurance Trust may be reimbursed for these costs.