



## GROUP DISABILITY INCOME INSURANCE

You shouldn't leave your income to chance. The Texas Society of Certified Public Accounts (TXCPA) Group Disability Income Insurance pays up to \$7,500 in monthly benefits directly to you in the event you become disabled.

### Features

- > Two plan options
- > Choice of monthly benefit - from \$200 up to \$7,500
- > Choice of waiting period - 30 days, 90 days, or 180 days

### Who is eligible for coverage?

TXCPA members under age 60 that are actively working (in the practice of accounting) 20 hours per week are eligible for both plan options. Employees of TXCPA members who are under age 60 and actively working for the TXCPA member at least 20 hours per week are eligible for Plan 5.

*Note:* This coverage is not available to individuals who are on Active Duty in the Armed Forces or to individuals residing outside of the United States.

### Two Coverage Options to Choose from:

- 1. Long Term Disability Plan (Plan 67, Members Only):** For covered disability caused by sickness or accident, this plan will pay your elected monthly benefit up to age 67.

*Note:* If you are age 66-69 at the start of disability, the plan provides your monthly benefit to the greater of one year or to age 67.

- 2. Short Term Disability Plan (Plan 5, Members & Employees):**

For covered disability caused by sickness or accident under age 60, this plan will pay your elected monthly benefit up to five years.

*Note:* If you are age 60-64 at the start of the disability, the plan will pay up to age 65, and if you are age 64-69 at the start of the disability, the plan provides your monthly benefit for up to one year.

In order to help you determine the amount of Group Disability Income coverage you need, use the worksheet.

### Monthly Expenses

EXPENSE	MONTHLY
Mortgage/Rent	\$
Car payment	\$
Various insurance coverages	\$
Utility Expenses	\$
Debt payments (loans, credit cards, etc)	\$
Miscellaneous expenses	\$
<b>Total monthly expenses</b>	\$
Less other income/Workers' Compensation, etc	\$
<b>Total coverage you may need</b>	\$

*Note:* Up to \$7,500/month in benefits is available. The coverage amount requested when combined with any other disability income coverage you have may not exceed 60% of your gross monthly income.

## DETAILS OF THIS COVERAGE

### Maternity Coverage

Total disability due to pregnancy will be covered as any other sickness.

### Organ Transplant

If you donate an organ, you will receive disability benefits from the first day of the resulting Total Disability. Your coverage must be in effect for at least six months to be eligible for this benefit.

### Rehabilitation Assistance

To help you to return to work, the insurance company may provide you with a rehabilitation professional to review your case history and determine the potential for returning to the workforce. If you are identified as a probable candidate for rehabilitation, you will have the option of participating in an approved program at no cost to you, and you will continue to receive monthly benefits during your rehabilitation.

### Waiver of Premium

After you have been totally disabled for six consecutive months and you begin to receive benefits for total disability, all future premiums under the policy will be waived for as long as you receive benefits for that disability.

### Residual Disability Benefit

This benefit is designed to help you in the event you return to work and receive lower income than prior to your disability. Certain requirements must be met to receive this benefit: you must become disabled prior to age 64, receive benefits for at least one month, and return to work before reaching your maximum benefit period. Also, upon returning to work, your earning must not exceed 75% of your pre-disability average earnings.<sup>2</sup>

Residual benefits will be paid as long as disability benefits would have been paid had your total disability continued or until your income exceeds 75% of your earnings prior to your disability, whichever occurs first.

Your residual benefit will be a percentage of your disability benefit, equal to the percentage reduction of monthly earnings.

*Example:* If your last monthly total disability benefit was \$2,000 and your current earnings are 40% lower than your income prior to your disability, your residual benefit would be 40% of \$2,000, which comes to \$800.

Residual benefits will be paid as long as disability benefits would have been paid had your total disability continued or until your income exceeds 75% of your earnings prior to your disability, whichever occurs first.

**Over 1-in-4** of today's 20-year-olds will become disabled before they retire.<sup>1</sup>

If you have successive periods of disability that are due to the same or related causes and are not separated by a return to full-time work for three months or more, this will be considered one period of disability. Additionally, all unrelated disabilities that are not separated by a return to full-time work will also be considered one period of disability. Those disabilities that meet these separation requirements will be treated as a new disability, subject to a new waiting period.

### Survivor's Benefit

In the event you die while receiving benefits under this insurance for total disability that lasted at least 30 consecutive days immediately prior to the day of death, the insurance will provide a final benefit equal to three times the monthly benefit paid for your last day of disability.

<sup>1</sup>U.S. Social Security Administration. Fact Sheet. July 2019.

<sup>2</sup>Pre-disability earnings are an average of gross monthly earnings for the 12- or 24- month period immediately preceding the onset disability, using the period that provides the highest average.

## DETAILS OF THIS COVERAGE

### Exclusions and Limitations

Benefits are not provided for total disability due to: injury or sickness which is not regularly treated by a physician other than you or a member of your family; war or military service; self-inflicted injury (while sane or insane); an injury or sickness resulting from the committing of a felony, the attempted committing of a felony, or engaging in any illegal occupation or activity. If New York Life places an Impairment Restriction on your coverage, benefits are not payable for the disability due to the condition(s) outlined in the Impairment Restriction. Disabilities due to mental or nervous disorders, alcoholism, chemical dependency, or drug addiction will be subject to a two-year maximum benefit period.

### Pre-Existing Condition Limitation

A pre-existing condition is any sickness, accidental injury, or related condition for which you consulted a doctor, received medical services or supplies, or took medication during the 90-day period immediately prior to the effective date of your coverage.

If you become totally disabled due to a pre-existing condition within one year after your coverage effective date, benefits will not be payable. After you have been continuously insured under the policy for 12 months, pre-existing conditions will be covered unless specifically excluded by an Impairment Restriction on your Certificate of Insurance.

### Coverage Renewal

Your coverage can remain in force until you reach age 70 as long as you remain a TXCPA member or employee of a TXCPA member, you continue working at least 20 hours per week (unless there is a covered total disability), you pay your premiums when due, the group policy remains in force, and you do not enter Active Duty in the Armed Forces.

This group policy may be terminated by the TXCPA Insurance Trust or New York Life Insurance Company.

### 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!

### Payment Options

1. **Automatic Monthly Check Withdrawal:** you can elect to have your premiums automatically deducted from your checking account on a monthly basis.
2. **Direct Bill:** you can elect to have your bill sent to you directly on a semiannual or annual basis.
3. 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.

## COVERAGE COSTS CURRENT 2022 SEMIANNUAL PREMIUM FOR DIRECT BILLING

### Long Term Disability Plan PLAN 67 (Members Only)

Current Rates for Each \$100 Monthly Benefit Unit

MEMBER'S AGE	WAITING PERIOD		
	30 Day	90 Day	180 Day
Under 30	\$0.84	\$0.65	\$0.40
30-34	\$1.04	\$0.80	\$0.49
35-39	\$1.28	\$0.96	\$0.62
40-44	\$1.55	\$1.25	\$0.90
45-49	\$1.99	\$1.60	\$1.20
50-54	\$2.91	\$2.51	\$2.04
55-59	\$3.79	\$3.14	\$2.54
60-64*	\$3.58	\$3.00	\$2.53
65-69*	\$4.31	\$3.62	\$3.05

\*For Renewal Only

### Short Term Disability Plan PLAN 5 (Members & Employees)

Current Rates for Each \$100 Monthly Benefit Unit

MEMBER'S AGE	WAITING PERIOD		
	30 Day	90 Day	180 Day
Under 30	\$3.48	\$2.22	\$1.32
30-34	\$4.20	\$2.58	\$1.50
35-39	\$5.10	\$3.18	\$1.80
40-44	\$5.70	\$4.02	\$2.82
45-49	\$7.92	\$5.58	\$3.90
50-54	\$11.82	\$9.48	\$7.62
55-59	\$18.48	\$14.88	\$12.00
60-64*	\$19.68	\$16.50	\$13.92
65-69*	\$23.70	\$19.92	\$16.80

## How to calculate your rate:

- > Select your payment option
- > Select plan: Plan 67 or Plan 5
- > Decide which day you want your benefits to begin (31st, 91st, or 181st day of disability)
- > Determine your desired monthly benefit (up to 60% of your gross monthly income). If you are age 55-59, you may apply for a maximum monthly benefit of \$5,000.
- > Multiply the appropriate rate for your age by the number of \$100 units you require.

*Example:* A 42-year old selects Plan 5 and benefits that start on the 91st day of disability. The individual selects a \$1,000 monthly benefit. Multiply the premium listed (\$4.02) by 10 units for a semiannual premium of \$48.24.

## Important Premium Information

Your premium is based on your age when coverage is effective and increases as you attain a new age class. Coverage terminates at age 70. Benefits are subject to change by agreement between New York Life and the Trustees of the TXCPA Insurance Trust. Premium contributions may be changed by New York Life on any premium due date, and on any date which benefits are changed.

However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class is a group of people with same issue age and gender.

## Monthly Benefits Available

You may request a monthly benefit from \$200 to \$7,500 in \$100 units. The amount requested, when combined with all other disability insurance benefits you already carry, cannot exceed 60% of your gross monthly earnings. All applicants age 55-59 may apply for a maximum \$5,000 monthly benefit.

All benefit payments will be made directly to you and may be used in any way you choose.

## Choice of When Benefits Begin

You choose when you want your monthly benefits to begin—on the 31st, 91st, or 181st day of total disability. The longer you wait, the lower your premium.

## When does my coverage start?

All coverage is subject to underwriting approval. If your application is approved, your coverage will take effect on the date specified by New York Life Insurance provided your premium has been paid and you are performing the normal activities<sup>7</sup> of a person in good health of like age. If a person is not performing normal activities\* on the

All benefit payments will be made directly to you and may be used in any way you choose.

date their coverage is effective, their effective date will be deferred until they are performing the required activities,<sup>8</sup> provided they resume normal activities within three months of their original effective date and they remain eligible.

## How is total disability determined?

You will be considered totally disabled as long as you are completely and continuously incapacitated and cannot perform the material and substantial requirements of your own occupation—not just any occupation you might be reasonably qualified to perform.

You must also be under the care of a qualified physician (not including yourself or a member of your family) and you may not be working in any occupation for wage or profit during disability.

This coverage does not require hospital or home confinement to be eligible to receive benefits.

\*Residents of NC: Any reference to "performing the normal activities of a person in good health of like age" is replaced with "by the requirement that the health status of the proposed insured remains the same as stated in your application."

**IMPORTANT NOTICE:**  
HOW NEW YORK LIFE OBTAINS  
INFORMATION AND UNDERWRITES  
YOUR REQUEST FOR GROUP DISABILITY  
INCOME 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](http://www.mib.com).

For NM Residents: PROTECTED PERSONS<sup>1</sup> have a right of access to certain CONFIDENTIAL ABUSE INFORMATION<sup>2</sup> 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.

<sup>1</sup>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.

<sup>2</sup>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

7.15 ed.

## HOW TO APPLY

### To Apply

1. Complete the application or apply online. Please provide all requested information—failure to do so may result in a delay of application processing.
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-14046-2  
On Policy Form GMR-FACE/G-14046-2

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

### Plan Administrator:



**PEARL<sup>®</sup>**  
**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 offered and is not a contract. Complete terms, conditions, definitions, exclusions, limitations, and renewability requirements are detailed in Group Policy No. GMR-FACE/G-14046-2 issued to the Trustees of the TXCPA Insurance Trust.

> Insured members are provided with a Certificate of Insurance, which details their coverage.

> 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.