



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP DISABILITY INCOME INSURANCE TO AGE 70 CERTIFICATE (“CERTIFICATE”)

POLICYHOLDER	AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
POLICY NUMBER	G-30463-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE certifies that, as stated on the When Insurance Takes Effect page(s), a person becomes an **INSURED MEMBER** on the **INSURANCE DATE** stated on the Individual Schedule of Benefits.

Insurance is subject to: (a) any exclusions and limitations of the Policy and all other terms and conditions of the Policy; and (b) New York Life's underwriting requirements.

No Interim Liability New York Life is not liable for requested initial or restored insurance on any person while a request for such insurance is being processed, even if New York Life has accepted a remittance for such requested insurance. New York Life will not be liable for such insurance if the request is not formally approved and will return any such premium remittance.

Conditionally Renewable Insurance under the Policy will be renewed automatically on each Anniversary Date if its terms and conditions are met. Insurance for an **INSURED MEMBER** will be renewed automatically on each **CONTRIBUTION DATE** for an **INSURANCE PERIOD** except for certain contractually specified reasons.

On all stated days and dates, insurance begins at 12:01 A.M. and insurance ends at midnight at the place the **INSURED MEMBER** resides.

Highlights and other details of insurance appear in the Individual Schedule of Benefits page(s) and in the State Regulations page(s), if any. These pages are attached to and made a part of the Certificate.

This Certificate replaces all Certificates and Certificate Riders, if any, previously issued to an **INSURED MEMBER** under the Policy.

Right To Examine The Certificate For 30 Days Except for **TRANSFER INSURANCE**, an **INSURED MEMBER** will have 30 days from the date of receipt to examine the initial certificate. If the **INSURED MEMBER** does not wish to keep the initial certificate, it must be surrendered to New York Life within this period. Upon such surrender, New York Life will return any premium paid and insurance will be void from the start.

Secretary

President

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IMPORTANT NOTICE

Acts Of The Policyholder The Policyholder acts on its own behalf or on behalf of the ELIGIBLE MEMBERS and INSURED MEMBERS. The Policyholder must: (a) treat ELIGIBLE MEMBERS and INSURED MEMBERS the same in like situations; and (b) maintain records of the: number of INSURED MEMBERS; amounts and essential features of insurance; and PREMIUM. Under no circumstances may the Policyholder act on behalf of New York Life without a written authorization. New York Life will rely upon the acts of the Policyholder.

Agency The Policyholder acts on its own behalf or as an agent of the INSURED MEMBERS. Under no circumstances may the Policyholder act as an agent of New York Life without a written authorization.

Certificate The Certificate is a summary of the provisions of the Policy. It should be kept in a safe place. It is not a contract of insurance. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy is available at the Policyholder’s office for inspection at any time during business hours. The INSURED MEMBER should contact New York Life with questions regarding insurance.

Claims A claim should be submitted in accordance with the following:

Notice Of Claim The claimant must write to New York Life about a claim within 30 days after the commencement of any disability covered by the Policy. Failure to give notice within such time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Claim Forms New York Life will send the claimant claim forms within 15 days after notice of claim is received. If New York Life does not send the forms within 15 days, the claimant can send written proof of claim. The claim form or proof must show the date, cause and extent of the loss.

Proof Of Loss New York Life must receive proof of the Covered Disability within 90 days after the date of the: (a) WAITING PERIOD for a Covered Disability; or (b) return to work for a Covered Residual Disability. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof within such time, provided such proof is furnished as soon as reasonably possible.

Claims Payment The benefit is payable within 30 days after receipt of satisfactory proof of the Covered Disability. Delay in payment of claims will result in New York Life paying the INSURED MEMBER interest at the annual interest rate of 9% from the 30th day after receipt of such proof to the date of late payment of the accrued indemnities.

Legal Action The claimant cannot start any legal action: (a) within 60 days after a claim form or proof of loss is sent; or (b) more than three years after a claim form or proof of loss is due.

Contributions New York Life can change prospectively any method used to compute the premium due under the Policy, the premium rates and/or the tables on any:

1. premium date, on or after the first Anniversary Date, but not more than once in any 12-month period. New York Life will mail or deliver a written notice to the Policyholder at least 31 days before the date such change is to take effect; or
2. date New York Life's liability is changed by Policy amendment, any governmental program, law or regulation. An exercise of this right will not stop New York Life from exercising its right in 1. above.

Entire Contract The contract consists of the: (a) Policy; (b) attached Application of the Policyholder; (c) certificate; and (d) signed, written requests for group insurance. Statements made by the Policyholder in the Application and by an ELIGIBLE MEMBER in a request for group insurance are, in the absence of fraud, representations, not warranties.

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IMPORTANT NOTICE

Errors Errors, or delays in keeping records, will: (a) not revoke insurance otherwise in force; (b) not continue insurance which otherwise would have ended; and (c) upon discovery, require fair adjustment of remittances and/or insurance to correct the error.

Examination New York Life, at its own expense, has the right and opportunity to:

1. have a claimant examined: (a) physically; (b) psychologically; and/or (c) psychiatrically; to determine the existence and/or cause of any loss, other than loss of life. This right can be used as often as it is reasonably required while a claim is pending; and/or
2. have a claimant's financial records audited, as often as New York Life may reasonably require, for the sole purpose of confirming that the claimant is not actively employed.

Incontestability The incontestability provisions for the Policy and for insurance on INSURED MEMBERS are as follows:

Policy - Except for nonpayment of PREMIUMS, New York Life cannot contest the validity of the Policy after it has been in force for one year from the Effective Date. If the Policy is contested, New York Life will only rely upon written statements signed by the Policyholder in applying for the Policy.

Insurance On Insured Members - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial or restored insurance on an INSURED MEMBER after it has been in force for two years prior to the contest under the Policy during such INSURED MEMBER'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary or assignee. Such statements are representations, not warranties. The time insured under the PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the two year contestable period has elapsed.

Misstatements Subject to the Errors and Incontestability sections, if the age of the insured has been misstated, all amounts payable under this Policy shall be as such as the premium paid would have purchased at the correct age

Policy Changes The Policy can be changed: (a) at any time by written agreement between New York Life and the Policyholder; and (b) without the consent of any other person. Changes will be valid only if evidenced by an amendment to the Policy. Such amendment must be signed by the Policyholder and an officer of New York Life. The Policy may also be changed by New York Life by amendment to the Policy and without the consent of the Policyholder or any other person, if such amendment is signed by an officer of New York Life and: (a) results from the exercise of a right reserved to New York Life in the Policy; (b) is issued to conform to any law and/or regulation which applies to the insurance under the Policy; or (c) results from the termination or change in an agreement between New York Life and a third party, if such agreement is separate and distinct from the Policy and provided the Policyholder is not a party to such agreement. No agent of New York Life can make or change the Policy or waive any of its provisions.

Required Information The Policyholder must furnish New York Life: (a) all information with regard to the Policy that may reasonably be required; and (b) access to all records that may have a bearing on CONTRIBUTIONS, premium and benefits. Such access will extend after the termination of the Policy.

Termination Of The Policy If the Policy terminates, the Policyholder will be liable to New York Life for all unpaid premium for the period during which the Policy was in force. Termination of the Policy will be without prejudice to an existing claim. The Policy will terminate, in accordance with the following:

Termination For Non-Payment Of Premium - Subject to the Policyholder Grace Period provision below, if the premium is not paid by a premium date, the Policy will be in default.

Policyholder Grace Period - The Policyholder is entitled to a grace period of 31 days for the payment of each premium due except for the first. During the Policyholder Grace Period, the Policy continues in force. If the premium due is not paid before the end of the Policyholder Grace Period, the Policy automatically ends on the last day of such Policyholder Grace Period. However, if in accordance with the terms of the Policy, the Policyholder gives New York Life written notice of termination with an effective date that precedes the end of the Policyholder Grace Period, the Policy terminates on the date stated in such notice of termination.

Termination By The Policyholder - The Policyholder may terminate the Policy by giving written notice to New York Life at least 60 days in advance.

Termination By New York Life - New York Life may terminate the Policy, on any Anniversary Date, by giving written notice to the Policyholder at least 60 days in advance.

WHEN INSURANCE TAKES EFFECT

Requests An APPLICANT can request to:

1. become initially insured subject to the Plans, Waiting Periods Available and Monthly Benefits Available sections as stated on the Schedule page(s). TRANSFER INSURANCE on each APPLICANT will automatically be transferred to the Policy on the TRANSFER DATE, except that: New York Life will not duplicate liability which remains with the carrier of the PREVIOUS POLICY; and/or
2. restore insurance if insurance ended because ACTIVE DUTY IN THE ARMED FORCES began. If the request is approved, all terms and conditions of the Policy applicable to the APPLICANT at the time insurance ended will be reinstated, subject to any changes in the Policy.

For Insurance To Take Effect For initial insurance or restoration of insurance to take effect:

1. the APPLICANT must give the Policyholder a completed, written request for the insurance on a form satisfactory to New York Life. For TRANSFER INSURANCE, New York Life will treat a request for insurance submitted to the carrier of the PREVIOUS POLICY as a request for insurance submitted to New York Life. A written request for restoration of insurance must be given within three months after the date ACTIVE DUTY IN THE ARMED FORCES ended;
2. the APPLICANT must give New York Life satisfactory medical evidence of insurability, if such evidence is required. Such evidence is not required for: (a) TRANSFER INSURANCE; or (b) restoration of insurance;
3. the APPLICANT must pay the CONTRIBUTION no later than the initial CONTRIBUTION DATE. Any contribution paid under the PREVIOUS POLICY for such insurance, covering the period on or after the EFFECTIVE DATE, will be applied to insurance under the Policy;
4. the proposed INSURED MEMBER must be at FULL-TIME WORK on the EFFECTIVE DATE (the FULL-TIME WORK requirement does not apply to TRANSFER INSURANCE); and
5. New York Life must approve the insurance.

Subject to the exception stated below, the effective date of insurance is the first day of the policy month on or after the day all these requirements are met.

Exception: The EFFECTIVE DATE for a proposed INSURED MEMBER who was not at FULL-TIME WORK on the date such insurance would otherwise have taken effect is the first day of the month on or after the day the proposed INSURED MEMBER returns to FULL-TIME WORK for at least 90 consecutive days, if: (a) such day is within three months of the date insurance would otherwise have taken effect; and (b) the INSURED MEMBER is still eligible to obtain the insurance on that day.

If these requirements are not satisfied, insurance will not take effect.

No benefits will be paid for any disability occurring before the EFFECTIVE DATE.

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DISABILITY INCOME INSURANCE

New York Life will pay a benefit for an INSURED MEMBER'S Covered Disability in accordance with all of the following:

Covered Disability A Covered Disability is a Covered Total Disability and/or Covered Residual Disability, if such disability is not excluded in the Exclusions section, as follows:

Covered Total Disability - A Covered Total Disability is an incapacity from an INJURY, SICKNESS or ORGAN DONATION that completely and continuously prevents the INSURED MEMBER from doing the material and substantial duties of his or her regular occupation, provided he or she is not engaged, for pay or profit, in any occupation for which he or she is qualified by education, training or experience. "Regular Occupation" means the duties of the medical specialty then being practiced or of the occupation being performed immediately prior to the disability or any sub-specialty recognized by the American Board of Medical Specialties.

Such Covered Total Disability must begin while the INSURED MEMBER is insured under the Policy and be the result of: (1) an INJURY. For a Covered Total Disability to be considered to have resulted from an INJURY, the Covered Total Disability must begin within 90 days after an accident, if the accident occurs while the INSURED MEMBER is insured under the Policy. If more than 90 days has elapsed, such Covered Total Disability will be considered to have resulted from a SICKNESS; (2) a SICKNESS; or (3) an ORGAN DONATION that an INSURED MEMBER makes, provided he or she has been insured under the Policy for at least six consecutive months on the day of such donation.

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DISABILITY INCOME INSURANCE

An INSURED MEMBER will not be deemed to have incurred a Covered Total Disability, if he or she is prevented from doing the material and substantial duties of his or her occupation solely because he or she does not hold a valid professional or occupational license or certification, or due to his or her incarceration or under any house arrest that places restrictions on the INSURED MEMBER'S movement outside his/her home by a court of competent jurisdiction, including restrictions that are monitored by electronic or other means.

Presumptive Disability – Except for Class 2, a Covered Total Disability also means an INJURY or SICKNESS that results in:

1. total and permanent loss of sight of both eyes;
2. total and permanent loss of hearing of both ears;
3. loss of the ability to speak; or
4. total and permanent entire lack of controlled movement of: (a) both hands; (b) both feet; or (c) one hand and one foot.

An INSURED MEMBER may not receive a Covered Residual Disability benefit if he or she is paid a benefit for a Presumptive Disability.

Covered Residual Disability - Except for Class 2, a Covered Residual Disability is an incapacity from an INJURY, SICKNESS or ORGAN DONATION that:

1. occurs when an INSURED MEMBER returns to work following the WAITING PERIOD;
2. occurs before the INSURED MEMBER received Covered Disability benefits for the Maximum Benefit Period for his or her Covered Total Disability;
3. occurs before the INSURED MEMBER reaches his or her 64th birthday; and
4. results in a Loss of Earnings Ratio of 20% or more as described in the Covered Residual Disability subsection in the What Benefit Is Payable section.

Human Immunodeficiency Virus Benefit - An INSURED MEMBER who contracts Human Immunodeficiency Virus ("HIV) will be considered to have incurred a Covered Residual Disability, without the prerequisite that he or she suffer a Covered Total Disability, if such disease:

1. prevents the INSURED MEMBER from earning more than 80% of his or her AVERAGE MONTHLY INCOME for the period before his or her practice was limited and/or condition was disclosed as a result of contracting HIV; and
2. prevents the INSURED MEMBER from performing one or more of the material and substantial duties of his or her occupation, which New York Life receives written documentation from a DOCTOR or the INSURED MEMBER'S employer.

New York Life must receive proof of results of testing designated by the Centers For Disease Control and Study, that the INSURED MEMBER is deemed HIV positive.

Exclusions The following disabilities are excluded:

Air Travel - A disability that: (a) occurs during; (b) is due to; or (c) is related to; the INSURED MEMBER'S travel in, travel on, fall from or descent from any aircraft while such aircraft is in flight, unless the INSURED MEMBER is traveling: (1) solely as a fare paying passenger on a licensed, commercial, regularly scheduled, non-military aircraft; (2) in a civil aircraft having a current and valid "Standard Federal Aviation Agency Airworthiness Certificate" and piloted by a person with a current and valid pilot's certificate with proper ratings for the type of flight and aircraft involved; or (3) in a transport type aircraft operated by the Air Mobility Command or its successor organization of the United States or similar air service of any other country.

Crime/Illegal Occupation - A disability that: (a) occurs during; (b) is due to; or (c) is related to; the INSURED MEMBER'S active participation in or incarceration resulting from any of the following in a role other than as a victim: (a) the commission of a felony; (b) an illegal occupation; (c) an insurrection; or (d) a riot.

Drugs – For an INSURED MEMBER in Classes 2, 3b, 4 and 5 Plans: a disability that: (a) occurs during; (b) is due to; or (c) is related to; the INSURED MEMBER'S: (a) voluntary use of illegal drugs; (b) intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; or (c) intentional misuse of prescription drugs.

Military Service – A disability that is due to or related to service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force.

DISABILITY INCOME INSURANCE

Preexisting Condition - A disability that is classified as or related to a Preexisting Condition.

“Preexisting Condition” means an INJURY or SICKNESS or any condition related to such INJURY or SICKNESS for which a person has been medically diagnosed or treated by a doctor, including taking any medications during the 12 month period immediately before the INSURED MEMBER'S EFFECTIVE DATE. Preexisting Condition does not include: (a) any such INJURY or SICKNESS or condition for which such person has not consulted a doctor, received medical services or supplies or taken any medication during the 12 month period immediately after he or she first becomes an INSURED MEMBER; or (b) any such INJURY or SICKNESS or condition after such person has been continuously insured under the Policy for 24 months.

For TRANSFER INSURANCE, references to EFFECTIVE DATE mean the Effective Date under the PREVIOUS POLICY and the time insured under the PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the applicable time requirements have been met.

Pregnancy, Childbirth Or A Related Medical Condition – For Classes 1 and 3a Plans: a disability that is due to a pregnancy, childbirth or a related medical condition, except for a Complication Of Pregnancy.

“Complication Of Pregnancy” means:

1. any of the following conditions, requiring hospital confinement (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as: acute nephritis, pyelitis of pregnancy, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a condition which is medically classified as a distinct Complication Of Pregnancy;
2. an extra-uterine pregnancy;
3. a complication that requires intra-abdominal surgery after termination of pregnancy;
4. a miscarriage;
5. a non-elective caesarean section;
6. an ectopic pregnancy that is terminated;
7. a spontaneous termination of pregnancy that occurs when a viable birth is not possible;
8. placenta previa, placenta abruptio or premature rupture of membranes;
9. pernicious vomiting of pregnancy (hyperemesis gravidarum); and/or
10. toxemia (eclampsia or pre-eclampsia).

Self Inflicted Injury - A disability that is due to or related to an intentional self-inflicted injury or occurs while intentionally injuring oneself; while the INSURED MEMBER is sane or insane.

War Conditions - A disability that: (a) occurs during; (b) is due to; or (c) is related to; the INSURED MEMBER'S engagement in any of the following in a role other than as a victim: (a) in war, (b) an act of war, or (c) an armed conflict which involves the armed forces of one or more countries.

For The Benefit To Be Paid For the benefit to be paid:

1. New York Life must receive proof of the INSURED MEMBER'S disability within 90 days after the: (a) WAITING PERIOD for a Covered Disability; or (b) date of return to work for a Covered Residual Disability. If it is not possible to furnish proof within such time, it must be furnished as soon as reasonably possible;
2. it must be determined that the disability is a Covered Disability; and
3. the INSURED MEMBER must complete the WAITING PERIOD.

What Benefit Is Payable The benefit payable for a Covered Disability is subject to the Maximum Benefit Period stated on the Schedule page(s) and is as follows:

Covered Total Disability - For Classes 2, 3b and 4 Plans, the benefit payable after the WAITING PERIOD is the applicable Monthly Benefit in force for the INSURED MEMBER on the date his or her Covered Total Disability

Covered Total Disability - For Classes 1, 3a and 5 Plans, the benefit payable after the WAITING PERIOD is the applicable Monthly Benefit in force for the INSURED MEMBER on the date his or her Covered Total Disability began less any OTHER INCOME BENEFITS he or she is eligible to receive for that month, except that: If the Covered Total Disability is the result of an ORGAN DONATION, any Covered Disability benefits otherwise payable will not include any increase in the Monthly Benefit or change in Plan that occurs within the six months period immediately before the date such Covered Total Disability began.

DISABILITY INCOME INSURANCE

However, in the event of such reduction for OTHER INCOME BENEFITS, the benefit payable will not be less than the greater of 10% of the Monthly Benefit Amount or \$500.

If OTHER INCOME BENEFITS have been estimated, the Monthly Benefit will be adjusted when New York Life receives proof: (a) of the actual amount awarded; or (b) that benefits have been denied and the denial is not being appealed, in which case New York Life will make a lump sum refund of the estimated amounts.

If there is other group disability insurance which applies to the same Covered Total Disability and contains the same or similar provision for reduction because of OTHER INCOME BENEFITS, New York Life will only be liable for its "pro rata share" of the total claim. "Pro rata share" means the proportion determined by dividing: (a) the benefit payable under the Policy, in the absence of such other insurance; by (b) the total of benefits payable under the Policy and such other policy or policies.

Covered Residual Disability - The benefit payable after the WAITING PERIOD for each month of Covered Residual Disability is equal to $A/B \times C$

Where:

"A" means loss of the INSURED MEMBER'S AVERAGE MONTHLY INCOME. Such loss is the difference between the INSURED MEMBER'S AVERAGE MONTHLY INCOME prior to his or her Covered Total Disability and the INSURED MEMBER'S current AVERAGE MONTHLY INCOME.

"B" means the INSURED MEMBER'S AVERAGE MONTHLY INCOME for the period before his or her Covered Disability began.

"C" means the INSURED MEMBER'S Covered Total Disability Monthly Benefit Amount;

less any OTHER INCOME BENEFITS he or she is eligible to receive for that month. However, in the event of such reduction for OTHER INCOME BENEFITS, the benefit payable will not be less than the greater of 10% of the Monthly Benefit Amount or \$500.

Catastrophic Disability Benefit – For Class 1 Plans A & B only, New York Life will pay a Catastrophic Disability Benefit in accordance with the following:

1. That the Catastrophic Disability Benefit option was elected by the INSURED MEMBER and approved by New York Life;
2. That, as a result of the INJURY or SICKNESS that occurs while the INSURED MEMBER is insured for the Catastrophic Disability option, the INSURED MEMBER:
 - a. is unable to perform any two ACTIVITIES OF DAILY LIVING for a continuous period of at least ninety consecutive days; or
 - b. has a COGNITIVE IMPAIRMENT; or
 - c. has a Terminal Illness ("Terminal Illness" is a medical condition where the patient has a life expectancy of twelve months or less).
3. That the INSURED MEMBER must have incurred a Covered Total Disability and is receiving benefits for such disability under the Policy;
4. That the Catastrophic Disability must occur and begin while the INSURED MEMBER is insured under the Policy;
5. That the INSURED MEMBER must not be at any time engaged in any occupation for pay or profit; and
6. That the Catastrophic Disability must not be due or related to a disability that is excluded in the Exclusions section.

The benefit payable will be the applicable monthly benefit equal to the Catastrophic Disability benefit elected, reduced by any OTHER INCOME BENEFITS he or she is eligible to receive for that month. However, in the event of such reduction for OTHER INCOME BENEFITS, the benefit payable will not be less than the greater of 10% of the Monthly Benefit Amount or \$500.

If OTHER INCOME BENEFITS have been estimated, the Monthly Benefit will be adjusted when New York Life receives proof: (a) of the actual amount awarded; or (b) that benefits have been denied and the denial is not being appealed, in which case New York Life will make a lump sum refund of the estimated amounts.

If there is other group disability insurance which applies to the same Catastrophic Disability and contains the same or similar provisions for reduction because of OTHER INCOME BENEFITS, New York Life will only be liable for its "pro rata share" to the total claim. "Pro rata share" means the proportion determined by dividing: (a) the benefit payable under the Policy, in the absence of such other insurance; by (b) the total of benefits payable under the Policy and such other policy or policies.

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Continuing Care Benefit – For Active Class 1, Plan A only, New York Life will pay a Continuing Care Benefit in accordance with the following:

1. The Covered Total Disability Monthly Benefit elected is \$1,500 or more;
2. The INSURED MEMBER must be AGE 60 but less than AGE 70; or
3. That, as a result of the INJURY or SICKNESS the INSURED MEMBER:
 - a. is unable to perform any two ACTIVITIES OF DAILY LIVING for a continuous period of at least ninety consecutive days; or
 - b. has a COGNITIVE IMPAIRMENT.

The INSURED MEMBER will have the option to convert the Monthly Benefit to a lump sum amount. If the INSURED MEMBER converts to the lump sum option prior to AGE 65, the benefit will be \$30,000. If the INSURED MEMBER converts to the lump sum option at AGE 65 but before AGE 70, the benefit will be \$20,000.

Payment of Benefits - The benefit is payable: (a) within 30 days after the requirements stated in the For The Benefit To Be Paid section are met; and (b) on a monthly basis, except that: The amount payable for any period which is less than a full month, is calculated by multiplying the monthly benefit payable by the number of days of Covered Disability and dividing the product by 30. Any balance remaining unpaid at the end of the period of liability will be paid immediately upon receipt of proof, on a pro rata basis.

Who Will Be Paid Except as stated below, the benefit will be paid to the INSURED MEMBER.

Death/Incompetency - Subject to the Facility Of Payment exception, any accrued but unpaid benefit will be paid to: (a) the INSURED MEMBER'S estate, if the INSURED MEMBER dies; or (b) a duly appointed guardian or committee of the INSURED MEMBER, if such INSURED MEMBER is a minor or is not competent to give a valid release.

Facility Of Payment - New York Life has the right to pay up to \$1,000 of the benefit to anyone who has incurred expenses for the INSURED MEMBER'S Covered Disability.

When The Benefit Ends Except as stated in the Successive Periods Of Covered Total Disability and Vocational Rehabilitation subsections below, the benefit will end on the earliest of the date:

1. the INSURED MEMBER 'S Covered Disability ends;
2. the INSURED MEMBER dies;
3. New York Life does not receive the required proof that the INSURED MEMBER 'S Covered Disability continues;
4. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
5. the Maximum Benefit Period stated on the Schedule page(s) has been reached.

The INSURED MEMBER will remain insured under the Policy after the benefit ends, except as stated on the When Insurance Ends page(s).

Exhaustion of Benefits - When an INSURED MEMBER reaches the Maximum Benefit Period stated on the Schedule pages for a Covered Disability, insurance will be suspended and no CONTRIBUTIONS will be due. Insurance on the INSURED MEMBER will be resumed without evidence of insurability, if: (a) the Group Policy remains in force; (b) he or she returns to FULL-TIME WORK for the six month period stated in the Successive Periods Of Total Disability section to qualify as a new disability; (c) New York Life receives written notice of the return to FULL-TIME WORK within 90 days after such return; (d) he or she is less AGE 70; and (e) he or she pays the CONTRIBUTION from the date the insurance resumes. This resumption of insurance applies to a new Covered Disability, as stated in the Successive Periods Of Total Disability section below.

Successive Periods Of Covered Total Disability - Successive periods of Covered Total Disability will be considered one period of Covered Total Disability, if such disabilities are due to: (a) the same or related causes, and which are separated by less than six months of return to continuous FULL-TIME WORK during which the INSURED MEMBER is not totally disabled; or (b) different or unrelated causes, and are not separated by return to FULL-TIME WORK for at least one day.

Survivorship Benefit - If an INSURED MEMBER dies during a period for which benefits are payable and after receiving the Monthly Benefit for at least six successive months, the INSURED MEMBER'S spouse will receive a benefit equal to three times the monthly amount the INSURED MEMBER was last entitled to receive for the month prior to death provided the Maximum Benefit Period was not reached by the INSURED MEMBER.

If the INSURED MEMBER'S spouse is not living, payment of the Survivorship Benefit will be made equally to the INSURED MEMBER'S living children under age 23. If payment is due to a child or children, payment will be made to such child or children, or at the option of New York Life to a person whom New York Life reasonably believes may legally receive payment on such child's or children's behalf. Such payment will be proper to the extent made.

The benefit is payable within 30 days after New York Life receives proof of the INSURED MEMBER'S death.

DISABILITY INCOME INSURANCE

Vocational Rehabilitation - A totally disabled INSURED MEMBER'S participation in a rehabilitation program approved by New York Life will not be considered, by itself, as a recovery from that Covered Total Disability. However, the nature of the rehabilitation program and the extent of participation by the INSURED MEMBER and by New York Life must be satisfactory to both and stated in a written rehabilitation program agreement before any such program can take effect.

A rehabilitation program can include: (a) a period of work for the purposes of rehabilitation; or (b) other vocational and rehabilitation assistance stated in the rehabilitation program agreement.

Any benefits for a Covered Total Disability otherwise payable to an INSURED MEMBER will continue to be payable during participation in an approved rehabilitation program.

In order to be considered for participation in a rehabilitation program, an INSURED MEMBER must give: (a) New York Life a written request in which the INSURED MEMBER consents to an evaluation of his or her rehabilitation and vocational potential; and (b) all written authorization necessary for the conduct of such evaluation by New York Life or a rehabilitation service or agency selected by New York Life.

New York Life may approve an INSURED MEMBER'S participation in a rehabilitation program for a period of three consecutive months and may approve extension or renewals of such participation for one or more additional like or shorter periods. However, participation in a rehabilitation program for more than a total of 24 months will not be approved in connection with one period of Covered Total Disability.

An INSURED MEMBER'S participation in a rehabilitation program will terminate at the end of the period of participation last approved by New York Life for the INSURED MEMBER. New York Life will have the right to withdraw approval of an INSURED MEMBER'S participation before the end of any such period by advance written notice to the INSURED MEMBER and the INSURED MEMBER'S participation will terminate, in such event, on the termination date stated in the notice.

Assignment The Owner can assign his or her interest in insurance. ("Owner" means the person who has the rights of ownership of the insurance while an INSURED MEMBER is living). If this were to occur, the Owner's interest, and anyone else's, is subject to that of the assignee. An assignee may not change the Owner. The Owner has all rights of ownership that have not been assigned. To assign the interest in the insurance, New York Life must be given a written request on a form satisfactory to it. New York Life is not responsible for the validity of any assignment. After the assignment has been recorded, it will take effect as of the date it was signed, subject to any payment made or other action taken by or on behalf of New York Life before the recording. For TRANSFER INSURANCE, any assignee in effect under the PREVIOUS POLICY on the day before the TRANSFER DATE will remain in effect under the Policy until changed.

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WHEN INSURANCE ENDS

Except as stated on the Continuance page(s), an INSURED MEMBER'S insurance will end on the earliest of:

1. the date the INSURED MEMBER is no longer at FULL-TIME WORK or has retired. The INSURED MEMBER must immediately notify New York Life of the date that: (a) FULL-TIME WORK ended; or (b) he or she retired. If it is not possible to notify New York Life immediately, notification must be made as soon as reasonably possible. CONTRIBUTIONS paid and covering any INSURANCE PERIOD after the date insurance would otherwise end as a result of the INSURED MEMBER no longer being at FULL-TIME WORK or retiring will be refunded. In no event will disability benefits be paid for a disability occurring after the date FULL-TIME WORK ended or retirement began. This provision does not apply if the INSURED MEMBER is no longer at FULL-TIME WORK due to his or her Covered Total Disability;
2. the last day of the INSURANCE PERIOD during which the INSURED MEMBER reaches AGE 70;
3. the last day of the Grace Period, stated below, that follows the end of the INSURANCE PERIOD for which the last CONTRIBUTION has been paid for the INSURED MEMBER.
Grace Period – The INSURED MEMBER is entitled to a Grace Period of 31 days for the payment of each CONTRIBUTION due except for the first. During the Grace Period, the INSURED MEMBER'S insurance continues in force. If the CONTRIBUTION due is not paid before the end of the Grace Period, the INSURED MEMBER'S insurance automatically ends on the last day of such Grace Period;
4. the day before the day the INSURED MEMBER begins ACTIVE DUTY IN THE ARMED FORCES, with the applicable CONTRIBUTIONS refunded pro rata;
5. for residents, on June 30th of the year that the INSURED MEMBER ends the 4th year of residency;

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WHEN INSURANCE ENDS

6. the later of: (a) the date stated in the INSURED MEMBER'S written request to end the insurance; or (b) the date New York Life receives the INSURED MEMBER'S written request to end the insurance;
7. the day before the day the Policy ends or is changed to end insurance for the group of insureds to which the INSURED MEMBER belongs;
8. the day before the day the INSURED MEMBER resides outside of the United States; or
9. the day before the day the INSURED MEMBER has been on foreign travel for longer than three months.

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GMR-ENDS

CONTINUANCE

Insurance in force on each INSURED MEMBER will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Extension Of Benefits Discontinuance of the Policy will have no effect on the benefits payable for: (a) a Covered Total Disability which began before the date of such discontinuance; or (b) an INJURY to an INSURED MEMBER which occurred while he or she was insured under the Policy provided the Covered Total Disability begins within 30 days after such INJURY. This extension of benefits applies whether the Policyholder secures replacement coverage from a new insurer or foregoes the provision of coverage.

Lay-Off or Leave of Absence Benefit Insurance will continue beyond the date insurance would otherwise end for the INSURED MEMBER if such person ceases to be at FULL-TIME WORK due to lay-off, leave of absence, or a leave of absence required by state law or by the Family and Medical Leave Act of 1993 ("FMLA"). Coverage will continue for:

1. For all Plans except Class 2 Plan, up to 30 days during a temporary lay-off or a leave of absence other than state mandated leave or FMLA; or
2. For Class 2 Plan, up to four weeks during a temporary lay-off or a leave of absence other than state mandated leave or FMLA; or
3. with respect to state and FMLA mandated leaves, the greater of the period required by state law or by FMLA;

provided the leave authorization is in writing and the required CONTRIBUTION is paid.

The insurance will end on the earliest of: (a) 30 days after the temporary lay-off or leave of absence (other than state mandated leave or FMLA) began; (b) the date the lay-off becomes permanent; (c) the date the state mandated leave or FMLA leave ends; or (d) the date insurance would otherwise end as stated on the When Insurance Ends page.

Waiver Of Contribution Benefit Except for Class 2, New York Life will waive the payment of the CONTRIBUTION on an INSURED MEMBER, if such INSURED MEMBER suffers a Covered Total Disability and receives Covered Total Disability benefits for six consecutive months. CONTRIBUTIONS will be waived beginning on the CONTRIBUTION DATE following the date such INSURED MEMBER has received Covered Total Disability benefits for six consecutive months.

The Waiver Of Contribution Benefit will end on the CONTRIBUTION DATE following the date the Covered Disability benefit ends, as stated in the When The Benefit Ends section on the Disability Income Insurance page(s).

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DEFINITIONS

ACTIVE DUTY IN THE ARMED FORCES means full-time active duty in the military, naval or air service of any country, except that: Duty for training purposes of two months or less will not be considered ACTIVE DUTY IN THE ARMED FORCES.

ACTIVITIES OF DAILY LIVING means the following:

- **BATHING:** the ability to wash oneself in either a tub or shower, or by sponge bath. This includes the tasks of getting into and out of the tub or shower with or without the aid of equipment or adaptive devices.
- **DRESSING:** the ability to put on and take off all necessary and appropriate items of clothing and medically necessary braces or artificial limbs usually worn; and to fasten and unfasten them.
- **TOILETING:** the ability to do all of the following, with or without the aid of equipment: (a) get to and from the toilet; (b) get on and off the toilet; and (c) maintain a reasonable level of personal hygiene for the body.
- **TRANSFERRING:** the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane; walker; crutches; grab bars; or other support devices.

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DEFINITIONS (Continued)

- **EATING:** the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the aid of equipment.
- **CONTINENCE:** the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag).

AGE means a person's attained age on the first day of any INSURANCE PERIOD, except that for the purpose of determining the Maximum Benefit Period, AGE means the INSURED MEMBER'S attained age. References to Age in any heading means "AGE".

APPLICANT means an ELIGIBLE MEMBER or an INSURED MEMBER who meets the requirements of an ELIGIBLE MEMBER

ASSOCIATION means the American College of Obstetricians and Gynecologists.

AVERAGE MONTHLY INCOME means, as of any date:

1. For a person who is self-employed, his or her:
 - (a) wages, salaries, fees, commissions, and any other amounts received by such person for personal services; and
 - (b) if the person's business is incorporated, the cost of fringe benefits and his or her share of the monthly net profit of the corporation, whether received or not received; or
2. For a person who is not self-employed, his or her basic rate of monthly compensation from his or her employer, including commissions.

AVERAGE MONTHLY INCOME does not include income from interest, dividends, rent, royalties, annuities, other insurance and other unearned income.

As of any date, these income amounts are computed:

1. for the immediately preceding period which produces the highest average, as follows:
 - (a) the immediately preceding tax year;
 - (b) the immediately preceding two tax years; or
 - (c) the entire period, if less than 12 months; except that: Current earnings for a Covered Residual Disability, are computed for the most recent six months, or for the entire period if shorter, since the INSURED MEMBER returned to work;
2. before deduction of any income taxes or social insurance taxes; and
3. after deduction of normal and usual business expenses that are deductible for income tax purposes.

COGNITIVE IMPAIRMENT means deterioration or irreversible loss of intellectual capacity, a deficiency in short or long-term memory, orientation as to people, place or time, deductive or abstract reasoning, and judgment as it relates to safety awareness. Cognitive Impairment will be measured according to generally accepted medical standards.

CONTRIBUTION means the applicable full periodic payment toward the PREMIUM, received by the Policyholder, which is necessary for insurance to take effect on the EFFECTIVE DATE and/or for insurance to continue in force under the Policy. CONTRIBUTION is determined by the Policyholder and is due on each CONTRIBUTION DATE.

CONTRIBUTION DATE means the following dates on or before which the CONTRIBUTION must be paid to the Policyholder:

1. initially: (a) the EFFECTIVE DATE; or (b) if by agreement between the Policyholder and New York Life and without individual selection, within 31 days after the EFFECTIVE DATE; and
2. thereafter, the applicable annual, semiannual, quarterly, or monthly date based on the mode of payment elected by the INSURED MEMBER and accepted by the Policyholder.

Modes of payment in effect under the PREVIOUS POLICY for TRANSFER INSURANCE will remain in effect under the Policy until changed.

EFFECTIVE DATE means the date that initial or restored insurance takes effect as stated in the For Insurance To Take Effect section of the When Insurance Takes Effect page.

DEFINITIONS (Continued)

ELIGIBLE MEMBER means a person who is in one of the following classes:

Class A: A person who is:

1. a member of the ASSOCIATION; fellows, fellows-elect or junior fellows; residents; or employees of the ASSOCIATION;
2. at FULL-TIME WORK;
3. less than age 60;
4. not eligible to become insured under the Policy for TRANSFER INSURANCE; or

Class B: A person who:

1. has TRANSFER INSURANCE; and
2. has not reached AGE 70 on the TRANSFER DATE.

ELIGIBLE MEMBER does not include a person who is on ACTIVE DUTY IN THE ARMED FORCES.

FULL-TIME WORK means the active performance for pay or profit of the regular duties of one's normal occupation on a basis of at least 26 hours each week at a place where such duties are normally performed or other location to which travel is required.

INJURY means bodily injury sustained as a direct result of an accident.

INSURANCE PERIOD means the span of time from a CONTRIBUTION DATE through the day before the next CONTRIBUTION DATE, during which insurance continues, if the CONTRIBUTION for such span of time is paid.

INSURED MEMBER means a person who: (a) was an ELIGIBLE MEMBER on his or her initial EFFECTIVE DATE; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy.

ORGAN DONATION means the surgical removal of a bodily organ and its donation for direct transplant.

OTHER INCOME BENEFITS means the amount of any:

1. salary or other compensation the INSURED MEMBER receives for work performed while disabled and the amount of any income payment under a salary continuance plan;
2. income payments, other than unearned income, from a professional corporation, partnership or other group practice arrangement. Income payments include the cost of an INSURED MEMBER'S fringe benefits and the share of the total contributions to corporate surplus;
3. income payments under a retirement plan, other than a government pension plan, which starts on or after the date of disablement for which Covered Disability benefits become payable;
4. income payments under a government pension plan which starts on or after the date of disablement for which Covered Disability benefits become payable. Any increase in such payments that occurs after the WAITING PERIOD is excluded from the determination of such benefits;
5. benefits for loss of time from employment which is provided for a disability under: (a) any plan arranged by any employer, union or association; (b) any fund or other arrangement pursuant to any compulsory disability benefit act or law; or (c) an individual disability income policy;
6. benefits in the form of periodic cash payments for a disability, excluding any benefits for a disability starting before the INSURED MEMBER'S EFFECTIVE DATE, which is provided: (a) under any group life insurance plan; (b) by any federal, state, provincial, municipal or other governmental agency, or pursuant to the Federal Railroad Retirement Act; or (c) under the Federal Social Security Act, Canada Pension Plan or Quebec Pension Plan on the basis of the INSURED MEMBER'S record of wages and self-employment income and payable to the INSURED MEMBER or a spouse or child of the INSURED MEMBER, without regard to any deductions from such benefits which can be made: (1) on account of work; (2) because of the INSURED MEMBER'S refusal to accept rehabilitation; or (3) because a spouse or child of the INSURED MEMBER has elected to be paid benefits under the Federal Social Security Act, Canada Pension Plan or Quebec Pension Plan on the basis of the spouse's or child's own record of wages and self-employment income. In determining the amount of such benefits, however, there will be excluded the amount of any increase therein which occurs after the WAITING PERIOD;
7. benefits under a Workers' Compensation Act or similar act; and/or
8. benefits under any work loss provision in the mandatory part of any "no-fault" auto insurance policy.

OTHER INCOME BENEFITS include New York Life's estimate of the benefits under the Federal Social Security Act, Workers' Compensation Act or similar laws if such benefits: (a) have not been awarded; and (b) have not been denied; or (c) have been denied and such denial is being appealed.

PREVIOUS POLICY means Group Policy No. G-610,189 issued to the American College of Obstetricians and Gynecologists by The United States Life Insurance Company In the City of New York.

DEFINITIONS

SICKNESS means an illness, disease, physical condition, complication of pregnancy, or except for Classes 1 and 3a, pregnancy.

TRANSFER DATE means, for each ELIGIBLE MEMBER with TRANSFER INSURANCE: (a) July 1, 2018 or (b) the day after liability under the PREVIOUS POLICY has ended for such ELIGIBLE MEMBER, if all liability under the PREVIOUS POLICY for the insurance which is being transferred has not ended for such ELIGIBLE MEMBER on July 1, 2018.

TRANSFER INSURANCE means the disability insurance in force on June 30, 2018 which is being transferred to the Policy on such TRANSFER DATE.

WAITING PERIOD means the initial, continuous period of an INSURED MEMBER'S Covered Total Disability and/or Covered Residual Disability, which must be completed before such Covered Total Disability or Covered Residual Disability becomes initially payable. If an INSURED MEMBER returns to work for less than 15 days before the completion of a WAITING PERIOD, credit will be given toward satisfaction of the WAITING PERIOD for the number of days of Total Disability prior to such return to work. The WAITING PERIOD is stated on the Schedule page(s).

SCHEDULE

DISABILITY INCOME INSURANCE

Class 1

Active Plans

Plan A

<u>For A Covered Total Disability Starting</u>	<u>Maximum Benefit Period*</u>
To AGE 63	To his or her 65 th birthday
AGE 64	24 months
AGE 65 but before AGE 70**	12 months

Waiting Periods Available

60, 90, or 180 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

Plan B

<u>For A Covered Total Disability Starting</u>	<u>Maximum Benefit Period*</u>
Before AGE 60	60 months
On or after AGE 60 but before AGE 63	To his or her 65 th birthday
On or after AGE 63	12 months

Waiting Periods Available

60, 90, or 180 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

Plan C

<u>For A Covered Total Disability Starting</u>	<u>Maximum Benefit Period*</u>
Before AGE 60	24 months
On or after AGE 60 but before AGE 63	To his or her 65 th birthday
On or after AGE 63	12 months

Waiting Periods Available

60 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

SCHEDULE

- * The Maximum Benefit Period for all Covered Disabilities of an INSURED MEMBER which are due to or related to Mental Disorders and/or Chemical Dependency while such person is insured under the Policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of: (a) 24 months; (b) 12 months (if such disability commences on or after AGE 65); or (c) the Maximum Benefit Period for a Covered Total Disability. This limitation does not apply to any period during which such INSURED MEMBER is institutionalized.

“Mental Disorder” means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to: (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer’s disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

“Chemical Dependency” means the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

Basic Monthly Benefits Available

For Members Under AGE 50

\$1,000 through \$10,000, in multiples of \$100

For Members AGE 50 to AGE 60

\$1,000 through \$5,000, in multiples of \$100

For Residents

\$1,000 through \$3,000, in multiples of \$100

Except that:

A Monthly Benefit is not available to an APPLICANT if the amount of the Monthly Benefit, when combined with the total of any other disability insurance, prorated monthly, for which the APPLICANT is insured or for which he or she is applying, would exceed 70% of his or her AVERAGE MONTHLY INCOME, subject to New York Life’s underwriting requirements.

The Monthly Benefit Amount will reduce to a maximum of \$1,500 when the INSURED MEMBER reaches AGE 65, but only if the INSURED MEMBER is not receiving benefits for a Covered Disability at such time.

Note:

TRANSFER INSURANCE on each INSURED MEMBER will equal the amount of insurance in effect on the day before the TRANSFER DATE without regard to the minimum, maximum, or multiple restrictions. However, any changes are subject to the applicable Plans Available, Waiting Periods Available and Monthly Benefits Available sections.

SCHEDULE

Cost Of Living Option

Available to INSURED MEMBERS who are insured under the Class 1 Active Plans and are under AGE 50.

If this option is elected and approved by New York Life, the Monthly Benefit payable for a Covered Disability may be adjusted annually to reflect changes in the cost of living based on the CPI-U. (“CPI-U” means the Consumer Price Index For All Urban Consumers, All Items, as published by the Bureau Of Labor Statistics. If the CPI-U, in New York Life's opinion, is no longer a valid index for the purpose of the Cost Of Living Option, or is no longer published by the Bureau Of Labor Statistics, New York Life will use a new index.) Years are measured from the start of the WAITING PERIOD. In the first year, no adjustment will be made. Adjustments may be made to the Monthly Benefit paid in the second and each succeeding year, prior to the INSURED MEMBER attaining AGE 60.

The adjusted Monthly Benefit for a given year is determined by multiplying the Monthly Benefit by the Inflation Factor. (“Inflation Factor” means the result obtained by dividing the CPI-U for the third month before each anniversary of the day when the Covered Total Disability began, by the CPI-U applicable on the third month before the day the Covered Total Disability began. The result cannot be less than a minimum of 1 or more than a maximum of 2 compounded at 6% per year for the years between the dates used in the calculation. If the result is less than 1, the factor will be 1. Also, before the date of the first calculation, the factor is 1.)

However, the adjusted Monthly Benefit may never exceed two times the pre-adjusted Monthly Benefit. When the Covered Disability ends, as stated in the When The Benefit Ends section on the Disability Income Insurance page(s), the Monthly Benefit will be reduced to the pre-adjusted Monthly Benefit.

Catastrophic Disability Option

Available to INSURED MEMBERS who are insured under the Class 1 Active Plans A or B.

Additional Monthly Benefits Available

\$1,000 through \$3,000, in multiples of \$1,000, but not to exceed the INSURED MEMBER'S Monthly Benefit Amount

The Catastrophic Disability Option provides an Additional Monthly Benefit to the INSURED MEMBER'S Basic Monthly Benefit.

SCHEDULE

Class 2 - Frozen Plans - Employees

Plan A

Maximum Benefit Period

1 year

Waiting Periods Available

For EFFECTIVE DATES July 1, 2001 and beyond:

30 days

For EFFECTIVE DATES prior to July 1, 2001:

Covered Total Disability Due to an INJURY: 0 days
Covered Total Disability Due to a SICKNESS: 7 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION or is hospitalized, his or her WAITING PERIOD will be 0 days for that Covered Disability.

Plan B

Maximum Benefit Period

5 years

Waiting Periods Available

For EFFECTIVE DATES July 1, 2001 and beyond:

30 days

For EFFECTIVE DATES prior to July 1, 2001:

Covered Total Disability Due to an INJURY: 0 days
Covered Total Disability Due to a SICKNESS: 14 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

For a Covered Residual Disability, the Maximum Benefit Period is the remaining Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability.

Basic Monthly Benefits Available

\$100 to \$1,000 in \$100 increments

SCHEDULE

Class 3a - 4th Year Residents

<u>For A Covered Total Disability Starting</u>	<u>Maximum Benefit Period*</u>
Before AGE 60	60 months
On or after AGE 60 but before AGE 63	To his or her 65 th birthday
On or after AGE 63	12 months

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, there is a 12 month maximum benefit period.

Waiting Periods Available

90 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

Basic Monthly Benefits Available

\$1,000

* The Maximum Benefit Period for all Covered Disabilities of an INSURED MEMBER which are due to or related to Mental Disorders and/or Chemical Dependency while such person is insured under the Policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of: (a) 24 months; (b) 12 months (if such disability commences on or after AGE 65); or (c) the Maximum Benefit Period for a Covered Total Disability. This limitation does not apply to any period during which such INSURED MEMBER is institutionalized.

“Mental Disorder” means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to: (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer’s disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

“Chemical Dependency” means the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

SCHEDULE

Class 3b – Frozen 4th year Residents

Maximum Benefit Period*

10 years

Waiting Periods Available

30 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

Basic Monthly Benefits Available

\$1,000 to \$5,000 in \$1,000 increments

- * The Maximum Benefit Period for all Covered Disabilities of an INSURED MEMBER which are due to or related to Mental Disorders while such person is insured under the Policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of: (a) 24 months; or (b) the Maximum Benefit Period for a Covered Total Disability. This limitation does not apply to any period during which such INSURED MEMBER is institutionalized.

“Mental Disorder” means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to: (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer’s disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

SCHEDULE

Class 4 - Frozen Members

Maximum Benefit Period

2 years

Waiting Periods Available

30 days

Except that: If an INSURED MEMBER suffers a Covered Disability as a result of an ORGAN DONATION, his or her WAITING PERIOD will be 0 days for that Covered Disability.

Basic Monthly Benefits Available

Not to exceed \$1,000, in \$25 increments

SCHEDULE

Class 5 - Frozen Members

Maximum Benefit Period

2 years

Waiting Periods Available

Covered Total Disability Due to an INJURY: 0 days
Covered Total Disability Due to a SICKNESS: 7 days

Basic Monthly Benefits Available

Monthly benefit in force on the INSURED MEMBER'S EFFECTIVE DATE

The Monthly Benefit Amount will reduce to a maximum of \$1,500 when the INSURED MEMBER reaches AGE 65.