

# ***AVMA GHLIT***

***Group 10-Year and 20-Year  
Level Term Life and Large  
Scale Accidental Death  
and Dismemberment Plans***

**Designed by veterinarians  
for veterinarians**



**Insurance you can trust.**

Underwritten by New York Life Insurance Company (NY, NY 10010)

## WE'VE GOT YOU COVERED

### The Only Life Insurance Program That's Designed Only For Veterinarians

Since 1957, The American Veterinary Medical Association Group Health and Life Insurance Trust (AVMA GHLIT) has made available to Members like you coverage you can trust.

This group health and life insurance trust program is tailor-made for veterinarians, by veterinarians. Members in the program are more than just participants – they're in charge.

Nine Trustees, all AVMA Members, and one AVMA Liaison Trustee, supervise the program and its professional operating staff. They give the plan direction, to be sure the benefits are the ones you and your family most desire. The Trustees also act as a Review Board should a Member ever experience a problem with the insurance program. You can think of it as having a "Board of Directors" that puts your needs first.

The program is also designed to help save you money. You'll benefit from the group purchasing power of thousands of veterinarians across the country.

As a self-rated participating program, charges to Members are based on the claims experience of AVMA Members and their families – no outside groups. When funds exceed expenses, that money is returned to participants in the form of lower costs or improved coverage.

The program is underwritten by New York Life Insurance Company, one of the industry's most respected names.

New York Life Insurance Company (NY, NY 10010), the underwriter, has received the highest possible ratings for financial strength from some of the insurance industry's leading independent rating services including Moody's Investor Service (AAA), Standard & Poor's (AAA), Fitch Ratings (AAA), and A.M. Best (A++).\*

### An Affordable Way To Help Ensure Your Family's Well-Being

We know you understand the need for life insurance. But if you've shopped on your own, you may have found it difficult and expensive to purchase enough protection.

This is where your AVMA Membership serves you well. Our AVMA GHLIT Group 10-Year Level and 20-Year Level Term Life and AD&D plans offer substantial coverage, at competitive group rates that may save you money.

### A Flexible, Economical Answer to Help Meet Your Life Protection Needs

Nothing is more valuable than your life, and all that you provide for those who depend on you. And with each passing day... each dollar you earn... each life event...you grow even more valuable. That is why ample life insurance is a must for you.

## A Choice of Two Different Level Premium Terms – 10-Years or 20-Years

### 10-Year Level Term Life Insurance

10-Year Level Term Life Insurance was designed to help protect you from unnecessary financial burdens and insure your family's financial security for a ten year period. Premiums are set based on the insured's age on the effective date and although not guaranteed are expected to remain level for an **initial 10-Year period** with level amounts of insurance until termination at age 80.

At the end of the 10-Year period, coverage will automatically be renewed without evidence of insurability. Renewal premium rates are not guaranteed and will be based on the insureds then attained age and will increase as he/she ages. Or, if the insured is under age 70 he/she may apply for a subsequent 10-Year period of new level rates based on the insureds then attained age and subject to submission of satisfactory medical evidence.

### 20-Year Level Term Life Insurance

The 20-Year Level Term Life Insurance plan design is similar to the 10-Year product except premiums are based on the insured's age on the effective date of coverage and are expected to remain level for an **initial 20-Year period**. Like the 10-Year Term, these rates are not guaranteed but are anticipated to remain level for this 20-Year period with level amounts of insurance until termination at age 80.

At the end of the 20-Year period, coverage will automatically be renewed without evidence of insurability. Renewal premiums are not guaranteed and will be based on the insureds then attained age and will increase as he/she ages. Or, if under age 60, he/she may apply for a subsequent 20-Year period of new level rates based on the insureds then attained age and subject to submission of satisfactory medical evidence.

## SOME HIGHLIGHTS OF THE PLAN

### Most AVMA Members are Eligible to Apply 10-Year Level Term or 20-Year Level Term available

AVMA Members under age 70 who reside in the United States may apply for the 10-Year Level Term, and AVMA Members under age 60 who reside in the United States may apply for the 20-Year Level Group Term Life Insurance.

### You can apply for Member Coverage up to \$1 million

Member coverage is available from \$100,000 to \$1,000,000 in units of \$10,000.

### Spouse/Domestic Partner Coverage is available up to \$1 million

Coverage for your lawful Spouse/Domestic Partner is available from \$100,000 to \$1,000,000 in units of \$10,000. Your Spouse's/Domestic Partner's coverage may not exceed your own coverage.

### You can cover your Dependent Children, too

You may choose either \$5,000 or \$10,000 option for your Dependent Children. Each unmarried, dependent child from 14 days old to age 23 can be covered.

### You can remain fully insured until age 80

Coverage for you and your insured Spouse/Domestic Partner remains in force until age 80, when it ceases.

## SOME HIGHLIGHTS OF THE PLAN (CONTD)

### Special Discounts Make our Exclusive Group Rates even More Affordable

#### Premium Volume Discounts

The AVMA GHLIT 10-Year and 20-Year Level Term Life's premium rates are discounted when you purchase \$250,000 – \$490,000 of coverage. Rates are further discounted if you purchase amounts from \$500,000 to \$990,000 and \$1,000,000.

#### Super Preferred Non-Smoker Rate Class

If you're healthy and lead a healthy lifestyle, you may qualify for our Super Preferred Non-Smoker rates at a substantial savings over our already affordable Preferred Non-Smoker and Non-Smoker rates. And it's available in coverage amounts from \$100,000 to \$1,000,000. Super Preferred Non-Smoker rates are not available for individuals who use tobacco or nicotine in any form, airplane pilots, have high-risk occupations or hobbies like skydiving or scuba-diving.

Remember, even if you can't qualify for Super Preferred Non-Smoker rates, you may still be eligible for our other very affordable rates. Either way, you may get quality life insurance coverage at an inexpensive price. To determine if you qualify, simply fill out and return the Life Insurance Application.

#### Accelerated Death Benefit\*

This benefit is designed to provide terminally ill life insureds the option to have a portion of their life insurance benefit paid while they are still alive, with no restrictions as to how the money is used.

To qualify for the Accelerated Death Benefit an individual must be insured under an AVMA GHLIT 10 or 20-Year Level Term Life Insurance Plan, under age 79, and diagnosed as having a life expectancy of 12 months or less. Proof of terminal illness will consist of a statement from the insured's physician and any other medical information that New York Life believes necessary to confirm the insured's status.

If the insured qualifies, he or she will be paid, in a lump sum, 50 percent of the amount that would be payable 12 months after the date of approval of the request. Only one Accelerated Death Benefit will be made during the insured's lifetime and any benefit payable for loss of life will be reduced by the amount paid under the Accelerated Death Benefit.

Receipt of Accelerated Death benefits may affect eligibility for public assistance programs and may be taxable. Insureds should consult with the appropriate social services agency and assistance should be sought from a qualified tax advisor.

#### Term Life Exclusions and Limitations

Suicide, within two years after a person's coverage becomes effective, is not covered. In that event, premiums paid for the person's coverage will be returned.\*\*

\*The Accelerated Death Benefit is not available to residents of Massachusetts.

\*\*Missouri Residents: Benefits will not be paid for death resulting from suicide within the first two years if New York Life can show that suicide was intended at the time of application.

## You Have Important Life Insurance Conversion Privileges

You, your Spouse/Domestic Partner, and Dependent Children have options for converting your insurance if and when coverage ceases.

### Member Conversion

As a Member, you are entitled to convert your coverage to an individual life insurance policy† for up to the amount of insurance terminating, without regard to physical condition, when your coverage ceases for one of the following reasons:

- You've reached the age of 80
- You're no longer a Member of AVMA

### Spouse/Domestic Partner and Dependent Children Conversion

Conversion privileges for your insured family members are as follows:

- If your Member life insurance terminates, and conversion is permissible, your insured dependents will also be entitled to convert to an individual policy under the same terms
- If dependent life insurance ceases due to termination of eligibility as a dependent, conversion is also permissible

Additional Member and Dependent conversion options are explained in the Certificate of Insurance. All requests for conversions must be made within 31 days.

†Without Waiver of Premium for disability or other additional benefit provisions.

**FOR ALL AVMA GHLIT PLANS, YOU MAY PAY MONTHLY (EFT only), QUARTERLY OR SEMI-ANNUALLY**

Please note that the billing mode you select will be applicable to all your GHLIT coverages, whether new or existing (*except dental*).

A monthly payment option is available. This option is only available with Electronic Funds Transfer (EFT) election. Premiums can be electronically withdrawn

from your checking or savings account on a monthly basis. The monthly amount to be withdrawn equals 1/12 of the annual rates. Changes to EFT can only occur on a billing cycle (February 1, May 1, August 1, or November 1) and must be received 45 days preceding the billing cycle date.

A quarterly payment option is available. The quarterly payment is computed by dividing the annual rates by four.

A semi-annual payment option is also available. The semi-annual payment is computed by dividing the annual rates for 10 & 20 Year Level Term Life by two. To change a billing option, the Trust office must be given notice 45 days preceding a renewal date.

## 10-YEAR AND 20-YEAR LEVEL TERM LIFE INSURANCE—ANNUAL RATES<sup>1,2</sup>

MEMBER \$100,000 to \$1,000,000 (\$10,000 Units). Refer to rates on the following pages.

SPOUSE/DOMESTIC PARTNER \$100,000 to \$1,000,000 (\$10,000 Units), but not more than 100% of the amount for the Member. Refer to rates on the following pages.

CHILDREN \$5,000 per child – \$12.00 for one or more children  
\$10,000 per child – \$24.00 for one or more children

Charges shown are gender specific annual rates per \$1,000 and are determined based on age at issue. Rates are expected to remain level for 10 or 20 years but are not guaranteed.

<sup>1</sup>Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup>Montana residents: Please contact the Trust Office for rates.

## AVMA GHLIT 10-Yr. Level Premium Rates<sup>1,2</sup> Expected To Remain Level For 10 Years

**Face Amounts \$100,000-\$240,000  
Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.88	\$0.93	\$1.07	\$2.21	\$2.54	\$0.81	\$0.89	\$0.91	\$1.55	\$1.60
21	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
22	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
23	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
24	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
25	0.88	0.93	1.07	2.21	2.54	0.81	0.89	0.91	1.55	1.60
26	0.88	0.93	1.07	2.21	2.55	0.81	0.89	0.92	1.59	1.64
27	0.89	0.93	1.07	2.21	2.55	0.82	0.89	0.93	1.62	1.69
28	0.89	0.93	1.08	2.22	2.56	0.82	0.89	0.95	1.65	1.72
29	0.90	0.93	1.08	2.22	2.56	0.83	0.89	0.96	1.68	1.77
30	0.90	0.93	1.08	2.22	2.57	0.83	0.89	0.97	1.71	1.82
31	0.90	0.95	1.09	2.28	2.65	0.83	0.90	0.98	1.79	1.90
32	0.90	0.96	1.10	2.35	2.72	0.84	0.91	1.00	1.86	1.98
33	0.90	0.97	1.12	2.42	2.80	0.84	0.92	1.01	1.94	2.07
34	0.90	0.98	1.13	2.49	2.88	0.85	0.93	1.03	2.02	2.15
35	0.90	0.99	1.14	2.55	2.95	0.85	0.95	1.04	2.09	2.24
36	0.93	1.02	1.19	2.68	3.11	0.87	0.97	1.09	2.24	2.42
37	0.97	1.05	1.23	2.80	3.27	0.89	0.99	1.13	2.37	2.59
38	0.99	1.09	1.28	2.92	3.41	0.92	1.02	1.19	2.52	2.76
39	1.02	1.12	1.32	3.05	3.57	0.95	1.04	1.23	2.66	2.94
40	1.05	1.16	1.37	3.17	3.73	0.97	1.06	1.28	2.80	3.12
41	1.09	1.21	1.45	3.41	4.03	1.01	1.12	1.37	3.07	3.45
42	1.13	1.25	1.52	3.65	4.34	1.06	1.19	1.45	3.33	3.77
43	1.17	1.30	1.61	3.90	4.65	1.10	1.25	1.54	3.59	4.10
44	1.21	1.34	1.68	4.14	4.96	1.16	1.31	1.63	3.85	4.42
45	1.25	1.40	1.76	4.38	5.26	1.20	1.38	1.71	4.12	4.75
46	1.34	1.50	1.89	4.78	5.74	1.28	1.47	1.83	4.29	5.23
47	1.44	1.62	2.03	5.18	6.23	1.35	1.58	1.94	4.47	5.70
48	1.53	1.72	2.15	5.57	6.71	1.44	1.67	2.07	4.65	6.18
49	1.63	1.84	2.29	5.96	7.19	1.51	1.77	2.18	4.83	6.67
50	1.72	1.94	2.42	6.36	7.68	1.60	1.87	2.30	5.01	7.14
51	1.90	2.13	2.65	6.98	8.43	1.70	2.00	2.45	5.64	7.78
52	2.08	2.33	2.88	7.60	9.20	1.81	2.11	2.58	6.26	8.41
53	2.26	2.52	3.10	8.23	9.95	1.92	2.24	2.73	6.89	9.05
54	2.44	2.72	3.33	8.85	10.72	2.03	2.35	2.87	7.51	9.68
55	2.61	2.91	3.56	9.47	11.48	2.13	2.48	3.01	8.14	10.31
56	2.87	3.20	3.91	10.42	12.64	2.31	2.69	3.28	9.01	11.19
57	3.12	3.49	4.25	11.36	13.81	2.49	2.91	3.54	9.88	12.08
58	3.37	3.78	4.60	12.32	14.97	2.66	3.12	3.81	10.75	12.96
59	3.62	4.06	4.95	13.26	16.14	2.84	3.34	4.07	11.62	13.84
60	3.87	4.36	5.29	14.21	17.30	3.01	3.55	4.34	12.50	14.71
61	4.13	4.65	5.64	15.15	18.47	3.19	3.76	4.60	13.37	15.59
62	4.38	4.94	5.99	16.10	19.64	3.37	3.98	4.86	14.24	16.46
63	4.63	5.23	6.33	17.05	20.80	3.54	4.19	5.13	15.11	17.36
64	4.88	5.51	6.68	18.00	21.97	3.72	4.41	5.40	15.98	18.24
65	5.32	6.03	7.30	19.89	24.30	3.97	4.75	5.86	17.87	20.80
66	5.71	6.46	7.82	21.36	26.16	4.21	5.02	6.23	19.28	22.38
67	6.12	6.90	8.37	22.97	28.14	4.47	5.36	6.63	20.81	24.06
68	6.53	7.41	8.96	24.69	30.28	4.72	5.67	7.05	22.48	25.92
69	7.00	7.92	9.62	26.57	32.57	5.01	6.03	7.52	24.27	27.89

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 10-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 10 Years**

**Face Amounts \$250,000-\$490,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.58	\$0.62	\$0.72	\$1.61	\$1.89	\$0.44	\$0.49	\$0.56	\$1.07	\$1.13
21	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
22	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
23	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
24	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
25	0.58	0.62	0.72	1.61	1.89	0.44	0.49	0.56	1.07	1.13
26	0.58	0.62	0.72	1.61	1.90	0.45	0.49	0.57	1.10	1.19
27	0.58	0.62	0.72	1.62	1.91	0.45	0.50	0.58	1.13	1.23
28	0.59	0.62	0.74	1.62	1.92	0.46	0.50	0.59	1.18	1.28
29	0.59	0.62	0.74	1.63	1.93	0.46	0.51	0.60	1.21	1.31
30	0.59	0.62	0.74	1.63	1.94	0.47	0.51	0.61	1.24	1.37
31	0.59	0.63	0.75	1.69	2.02	0.48	0.53	0.63	1.31	1.45
32	0.59	0.64	0.77	1.75	2.08	0.48	0.54	0.65	1.39	1.53
33	0.59	0.66	0.78	1.82	2.15	0.49	0.55	0.66	1.46	1.62
34	0.59	0.67	0.80	1.88	2.22	0.49	0.56	0.68	1.53	1.70
35	0.59	0.68	0.81	1.94	2.29	0.50	0.57	0.70	1.61	1.79
36	0.62	0.70	0.85	2.06	2.44	0.53	0.59	0.75	1.75	1.96
37	0.65	0.74	0.89	2.17	2.58	0.55	0.62	0.80	1.90	2.14
38	0.67	0.76	0.95	2.30	2.72	0.57	0.64	0.84	2.05	2.32
39	0.70	0.79	0.99	2.42	2.87	0.59	0.67	0.89	2.19	2.50
40	0.74	0.81	1.03	2.53	3.01	0.61	0.69	0.93	2.34	2.69
41	0.78	0.86	1.11	2.75	3.30	0.65	0.75	1.02	2.60	3.01
42	0.82	0.91	1.19	2.98	3.57	0.69	0.81	1.10	2.87	3.33
43	0.86	0.98	1.27	3.20	3.85	0.75	0.86	1.20	3.13	3.66
44	0.90	1.03	1.34	3.43	4.13	0.79	0.92	1.28	3.39	3.98
45	0.95	1.08	1.43	3.65	4.41	0.83	0.98	1.37	3.65	4.31
46	1.04	1.19	1.55	4.02	4.85	0.90	1.07	1.48	3.86	4.79
47	1.12	1.29	1.68	4.39	5.29	0.98	1.16	1.60	4.06	5.27
48	1.22	1.39	1.81	4.75	5.73	1.04	1.25	1.70	4.27	5.74
49	1.30	1.49	1.93	5.11	6.17	1.11	1.33	1.82	4.47	6.23
50	1.40	1.60	2.06	5.48	6.62	1.19	1.43	1.93	4.68	6.70
51	1.56	1.79	2.28	6.05	7.31	1.28	1.53	2.07	5.28	7.34
52	1.73	1.96	2.51	6.62	8.00	1.38	1.64	2.22	5.89	7.98
53	1.91	2.15	2.73	7.19	8.69	1.47	1.74	2.35	6.49	8.61
54	2.08	2.33	2.96	7.76	9.39	1.56	1.85	2.50	7.10	9.25
55	2.25	2.52	3.18	8.33	10.08	1.66	1.95	2.64	7.70	9.88
56	2.49	2.79	3.52	9.20	11.13	1.82	2.15	2.89	8.56	10.76
57	2.73	3.08	3.85	10.06	12.19	1.97	2.34	3.14	9.42	11.63
58	2.98	3.35	4.18	10.93	13.24	2.13	2.54	3.40	10.28	12.51
59	3.22	3.63	4.52	11.79	14.30	2.29	2.73	3.65	11.14	13.38
60	3.47	3.91	4.85	12.66	15.35	2.45	2.93	3.91	12.00	14.26
61	3.71	4.18	5.19	13.53	16.40	2.60	3.13	4.16	12.86	15.13
62	3.95	4.46	5.52	14.40	17.46	2.76	3.32	4.41	13.72	16.00
63	4.20	4.74	5.85	15.27	18.51	2.92	3.52	4.67	14.58	16.87
64	4.44	5.02	6.18	16.13	19.57	3.08	3.71	4.92	15.45	17.75
65	4.77	5.40	6.69	17.72	21.56	3.23	3.92	5.28	17.15	20.16
66	5.13	5.81	7.20	19.08	23.23	3.43	4.17	5.64	18.54	21.72
67	5.52	6.23	7.71	20.54	25.02	3.66	4.47	6.01	20.05	23.39
68	5.92	6.72	8.28	22.11	26.94	3.89	4.76	6.42	21.69	25.19
69	6.37	7.21	8.90	23.81	29.01	4.14	5.08	6.85	23.46	27.14

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 10-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 10 Years**

**Face Amounts \$500,000-\$990,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.42	\$0.45	\$0.59	\$1.35	\$1.63	\$0.28	\$0.34	\$0.41	\$0.78	\$0.85
21	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
22	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
23	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
24	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
25	0.42	0.45	0.59	1.35	1.63	0.28	0.34	0.41	0.78	0.85
26	0.42	0.45	0.59	1.37	1.64	0.28	0.34	0.42	0.81	0.89
27	0.42	0.45	0.59	1.38	1.65	0.29	0.35	0.43	0.84	0.93
28	0.42	0.46	0.60	1.38	1.67	0.29	0.35	0.45	0.88	0.98
29	0.42	0.46	0.60	1.39	1.68	0.30	0.36	0.46	0.91	1.03
30	0.42	0.46	0.60	1.40	1.69	0.30	0.36	0.47	0.95	1.07
31	0.42	0.46	0.61	1.46	1.76	0.32	0.37	0.49	1.02	1.14
32	0.42	0.46	0.63	1.52	1.83	0.33	0.37	0.51	1.08	1.22
33	0.43	0.47	0.64	1.59	1.90	0.33	0.38	0.53	1.16	1.30
34	0.43	0.47	0.66	1.65	1.96	0.34	0.38	0.55	1.22	1.37
35	0.43	0.47	0.67	1.71	2.04	0.35	0.39	0.57	1.29	1.45
36	0.45	0.49	0.72	1.83	2.17	0.37	0.42	0.61	1.43	1.61
37	0.46	0.51	0.77	1.94	2.32	0.39	0.45	0.66	1.55	1.77
38	0.48	0.55	0.82	2.06	2.46	0.42	0.48	0.70	1.69	1.93
39	0.49	0.57	0.86	2.17	2.60	0.44	0.51	0.76	1.82	2.10
40	0.51	0.59	0.91	2.29	2.74	0.46	0.55	0.80	1.95	2.27
41	0.57	0.65	0.99	2.51	3.01	0.50	0.60	0.88	2.19	2.56
42	0.62	0.71	1.07	2.73	3.29	0.55	0.65	0.97	2.44	2.86
43	0.66	0.78	1.14	2.95	3.57	0.60	0.71	1.05	2.67	3.15
44	0.71	0.84	1.23	3.17	3.84	0.64	0.77	1.13	2.91	3.44
45	0.77	0.90	1.30	3.39	4.12	0.68	0.82	1.22	3.15	3.74
46	0.85	1.01	1.43	3.75	4.55	0.75	0.90	1.33	3.35	4.17
47	0.93	1.11	1.56	4.11	4.98	0.81	0.99	1.46	3.55	4.61
48	1.03	1.23	1.69	4.47	5.41	0.88	1.06	1.58	3.76	5.04
49	1.11	1.33	1.83	4.83	5.84	0.95	1.14	1.70	3.96	5.48
50	1.20	1.44	1.95	5.19	6.27	1.01	1.23	1.82	4.16	5.90
51	1.35	1.62	2.17	5.74	6.94	1.10	1.33	1.95	4.69	6.49
52	1.51	1.80	2.39	6.30	7.61	1.20	1.44	2.10	5.23	7.06
53	1.67	1.98	2.63	6.87	8.28	1.28	1.53	2.24	5.78	7.63
54	1.83	2.16	2.85	7.42	8.96	1.38	1.64	2.38	6.31	8.20
55	1.98	2.34	3.07	7.98	9.63	1.47	1.74	2.52	6.85	8.78
56	2.21	2.61	3.40	8.83	10.66	1.62	1.92	2.77	7.62	9.57
57	2.44	2.89	3.74	9.67	11.69	1.76	2.10	3.02	8.40	10.36
58	2.66	3.15	4.08	10.52	12.72	1.92	2.29	3.28	9.18	11.15
59	2.89	3.42	4.42	11.36	13.74	2.07	2.47	3.53	9.95	11.95
60	3.11	3.70	4.76	12.21	14.77	2.22	2.65	3.78	10.73	12.74
61	3.33	3.97	5.09	13.06	15.80	2.36	2.82	4.03	11.51	13.52
62	3.56	4.24	5.43	13.90	16.83	2.51	3.00	4.28	12.29	14.32
63	3.78	4.50	5.78	14.75	17.86	2.67	3.19	4.54	13.06	15.11
64	4.01	4.78	6.11	15.59	18.89	2.81	3.37	4.79	13.84	15.91
65	4.45	5.34	6.74	17.34	20.99	3.06	3.68	5.25	15.55	18.21
66	4.81	5.78	7.27	18.70	22.66	3.28	3.95	5.63	16.86	19.64
67	5.22	6.27	7.85	20.19	24.49	3.54	4.24	6.05	18.27	21.20
68	5.65	6.80	8.48	21.80	26.43	3.80	4.55	6.50	19.81	22.89
69	6.12	7.39	9.16	23.53	28.54	4.07	4.90	6.99	21.49	24.72

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 10-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 10 Years**

**Face Amount \$1,000,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.33	\$0.40	\$0.53	\$1.27	\$1.53	\$0.22	\$0.26	\$0.35	\$0.69	\$0.77
21	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
22	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
23	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
24	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
25	0.33	0.40	0.53	1.27	1.53	0.22	0.26	0.35	0.69	0.77
26	0.33	0.40	0.53	1.28	1.54	0.23	0.27	0.36	0.72	0.81
27	0.33	0.40	0.53	1.28	1.55	0.23	0.27	0.37	0.76	0.85
28	0.34	0.40	0.54	1.29	1.58	0.24	0.28	0.38	0.80	0.90
29	0.34	0.40	0.54	1.29	1.59	0.24	0.28	0.39	0.83	0.93
30	0.34	0.40	0.54	1.30	1.60	0.25	0.29	0.40	0.86	0.98
31	0.34	0.40	0.55	1.37	1.67	0.26	0.30	0.42	0.92	1.06
32	0.35	0.40	0.57	1.43	1.73	0.26	0.30	0.44	1.00	1.13
33	0.35	0.41	0.58	1.48	1.81	0.27	0.32	0.45	1.06	1.21
34	0.36	0.41	0.60	1.54	1.87	0.27	0.32	0.47	1.13	1.29
35	0.36	0.41	0.61	1.61	1.94	0.28	0.33	0.49	1.20	1.37
36	0.38	0.44	0.65	1.72	2.08	0.30	0.36	0.54	1.32	1.52
37	0.40	0.46	0.70	1.84	2.22	0.33	0.39	0.59	1.46	1.69
38	0.41	0.49	0.75	1.96	2.36	0.36	0.41	0.63	1.59	1.84
39	0.43	0.51	0.80	2.08	2.50	0.38	0.44	0.68	1.72	2.00
40	0.45	0.55	0.84	2.19	2.64	0.40	0.47	0.72	1.85	2.15
41	0.49	0.61	0.92	2.40	2.91	0.44	0.53	0.81	2.08	2.45
42	0.55	0.67	1.00	2.63	3.17	0.48	0.58	0.89	2.32	2.73
43	0.59	0.72	1.08	2.84	3.44	0.53	0.64	0.98	2.55	3.02
44	0.64	0.79	1.16	3.06	3.71	0.57	0.69	1.06	2.79	3.31
45	0.68	0.85	1.24	3.27	3.98	0.61	0.75	1.14	3.02	3.60
46	0.77	0.96	1.37	3.61	4.40	0.67	0.83	1.26	3.22	4.02
47	0.85	1.05	1.48	3.97	4.82	0.74	0.90	1.38	3.42	4.45
48	0.95	1.16	1.61	4.32	5.23	0.81	0.99	1.48	3.63	4.87
49	1.03	1.25	1.72	4.67	5.65	0.87	1.06	1.60	3.83	5.29
50	1.11	1.35	1.85	5.02	6.07	0.93	1.14	1.71	4.03	5.71
51	1.27	1.53	2.07	5.57	6.72	1.02	1.24	1.85	4.55	6.28
52	1.42	1.70	2.28	6.10	7.38	1.10	1.34	1.98	5.06	6.84
53	1.58	1.88	2.50	6.65	8.03	1.19	1.44	2.13	5.59	7.39
54	1.72	2.05	2.71	7.18	8.69	1.27	1.54	2.27	6.10	7.95
55	1.88	2.23	2.93	7.73	9.35	1.35	1.64	2.40	6.62	8.51
56	2.09	2.48	3.26	8.55	10.33	1.50	1.82	2.65	7.37	9.28
57	2.30	2.74	3.58	9.37	11.33	1.65	1.98	2.89	8.13	10.05
58	2.52	2.99	3.90	10.19	12.32	1.79	2.16	3.14	8.87	10.80
59	2.73	3.26	4.22	11.00	13.31	1.93	2.33	3.38	9.63	11.57
60	2.94	3.51	4.55	11.82	14.30	2.08	2.51	3.62	10.38	12.34
61	3.15	3.76	4.87	12.64	15.29	2.23	2.69	3.86	11.14	13.10
62	3.36	4.02	5.20	13.46	16.29	2.37	2.86	4.11	11.90	13.87
63	3.58	4.27	5.51	14.28	17.27	2.51	3.03	4.36	12.64	14.64
64	3.79	4.54	5.84	15.10	18.27	2.66	3.20	4.60	13.40	15.40
65	4.28	5.10	6.48	16.82	20.35	2.93	3.55	5.08	15.09	17.68
66	4.64	5.53	6.99	18.17	21.98	3.17	3.83	5.48	16.39	19.08
67	5.04	6.02	7.57	19.63	23.74	3.40	4.13	5.90	17.79	20.62
68	5.48	6.52	8.17	21.20	25.63	3.67	4.44	6.35	19.29	22.27
69	5.96	7.09	8.85	22.89	27.69	3.96	4.78	6.82	20.94	24.05

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 20-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 20 Years**

**Face Amounts \$100,000-\$240,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$1.04	\$1.11	\$1.40	\$2.95	\$3.50	\$0.88	\$0.97	\$1.14	\$2.09	\$2.39
21	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
22	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
23	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
24	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
25	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
26	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
27	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
28	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
29	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
30	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
31	1.06	1.14	1.44	3.10	3.68	0.90	1.00	1.18	2.24	2.58
32	1.08	1.17	1.48	3.26	3.86	0.92	1.03	1.22	2.39	2.76
33	1.10	1.20	1.52	3.41	4.04	0.94	1.05	1.26	2.55	2.94
34	1.12	1.23	1.55	3.57	4.22	0.96	1.08	1.30	2.70	3.13
35	1.14	1.27	1.59	3.72	4.39	0.97	1.11	1.35	2.85	3.31
36	1.20	1.32	1.67	3.96	4.69	1.00	1.14	1.41	3.08	3.61
37	1.26	1.37	1.75	4.20	4.98	1.03	1.17	1.47	3.32	3.90
38	1.33	1.43	1.83	4.44	5.28	1.06	1.20	1.53	3.56	4.20
39	1.39	1.48	1.91	4.68	5.57	1.09	1.24	1.59	3.80	4.50
40	1.46	1.53	2.00	4.92	5.86	1.12	1.27	1.65	4.03	4.79
41	1.53	1.63	2.15	5.36	6.43	1.20	1.37	1.80	4.44	5.29
42	1.60	1.74	2.30	5.81	6.99	1.28	1.47	1.94	4.85	5.80
43	1.67	1.84	2.46	6.26	7.55	1.36	1.58	2.09	5.26	6.30
44	1.74	1.94	2.61	6.70	8.12	1.44	1.68	2.23	5.67	6.80
45	1.81	2.04	2.77	7.15	8.68	1.52	1.78	2.38	6.08	7.30
46	2.00	2.26	3.04	7.83	9.50	1.64	1.94	2.57	6.26	7.99
47	2.19	2.47	3.32	8.51	10.32	1.77	2.09	2.77	6.44	8.68
48	2.37	2.69	3.59	9.19	11.13	1.90	2.25	2.96	6.62	9.37
49	2.56	2.91	3.86	9.87	11.95	2.02	2.40	3.16	6.81	10.06
50	2.75	3.12	4.14	10.54	12.77	2.15	2.56	3.35	6.99	10.75
51	3.09	3.50	4.60	11.57	14.01	2.34	2.78	3.63	8.30	11.72
52	3.44	3.87	5.06	12.60	15.25	2.54	3.00	3.90	9.61	12.69
53	3.78	4.25	5.52	13.63	16.49	2.73	3.23	4.18	10.93	13.67
54	4.13	4.62	5.98	14.65	17.74	2.93	3.45	4.46	12.24	14.64
55	4.42	4.92	6.40	16.02	19.44	3.01	3.51	4.56	11.48	15.84
56	4.93	5.46	7.08	17.59	21.34	3.32	3.90	5.05	13.45	17.18
57	5.41	6.06	7.76	19.15	23.24	3.63	4.29	5.52	15.37	18.49
58	5.91	6.60	8.45	20.70	25.11	3.95	4.70	6.04	17.30	19.85
59	6.39	7.21	9.13	22.25	27.02	4.30	5.10	6.51	19.21	21.17

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 20-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 20 Years**

**Face Amounts \$250,000-\$490,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.77	\$0.82	\$1.07	\$2.34	\$2.82	\$0.54	\$0.62	\$0.82	\$1.68	\$1.98
21	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
22	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
23	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
24	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
25	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
26	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
27	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
28	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
29	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
30	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
31	0.78	0.85	1.11	2.49	2.98	0.56	0.65	0.86	1.82	2.16
32	0.80	0.89	1.15	2.63	3.15	0.58	0.67	0.90	1.97	2.34
33	0.81	0.92	1.18	2.77	3.31	0.60	0.70	0.94	2.12	2.52
34	0.82	0.95	1.22	2.92	3.48	0.62	0.73	0.99	2.27	2.70
35	0.83	0.99	1.26	3.06	3.65	0.64	0.76	1.03	2.42	2.88
36	0.89	1.03	1.34	3.28	3.92	0.68	0.79	1.09	2.66	3.18
37	0.96	1.08	1.42	3.51	4.19	0.71	0.83	1.16	2.89	3.47
38	1.02	1.13	1.50	3.73	4.46	0.74	0.86	1.22	3.13	3.77
39	1.08	1.18	1.58	3.95	4.73	0.77	0.89	1.28	3.37	4.07
40	1.14	1.23	1.66	4.17	5.00	0.80	0.92	1.35	3.61	4.36
41	1.22	1.33	1.82	4.59	5.52	0.87	1.02	1.49	4.01	4.86
42	1.29	1.43	1.97	5.00	6.03	0.94	1.11	1.63	4.41	5.35
43	1.37	1.53	2.12	5.42	6.55	1.01	1.21	1.77	4.81	5.85
44	1.44	1.63	2.27	5.83	7.06	1.09	1.30	1.91	5.21	6.34
45	1.52	1.73	2.43	6.24	7.58	1.16	1.39	2.05	5.61	6.84
46	1.69	1.94	2.69	6.87	8.32	1.27	1.53	2.24	5.81	7.52
47	1.87	2.15	2.96	7.50	9.07	1.38	1.67	2.42	6.02	8.20
48	2.05	2.35	3.22	8.12	9.82	1.49	1.81	2.61	6.22	8.88
49	2.23	2.56	3.49	8.75	10.56	1.61	1.94	2.80	6.43	9.56
50	2.41	2.76	3.75	9.37	11.31	1.72	2.08	2.99	6.63	10.24
51	2.74	3.13	4.20	10.32	12.45	1.89	2.28	3.26	7.89	11.20
52	3.07	3.49	4.65	11.26	13.58	2.07	2.48	3.53	9.16	12.16
53	3.40	3.85	5.10	12.21	14.72	2.24	2.68	3.80	10.42	13.11
54	3.74	4.21	5.54	13.16	15.86	2.41	2.88	4.07	11.69	14.07
55	3.87	4.35	5.80	14.24	17.22	2.40	2.85	4.07	10.89	15.09
56	4.37	4.88	6.46	15.69	18.97	2.68	3.20	4.53	12.79	16.42
57	4.83	5.47	7.13	17.11	20.69	2.96	3.54	4.99	14.65	17.72
58	5.31	5.98	7.81	18.54	22.42	3.24	3.90	5.49	16.50	19.04
59	5.79	6.57	8.46	19.98	24.16	3.53	4.26	5.94	18.35	20.34

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 20-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 20 Years**

**Face Amounts \$500,000-\$990,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.59	\$0.67	\$0.94	\$2.12	\$2.58	\$0.40	\$0.47	\$0.68	\$1.42	\$1.70
21	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
22	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
23	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
24	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
25	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
26	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
27	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
28	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
29	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
30	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
31	0.61	0.69	0.98	2.27	2.75	0.42	0.49	0.73	1.56	1.87
32	0.63	0.70	1.02	2.41	2.91	0.44	0.51	0.77	1.70	2.04
33	0.64	0.72	1.06	2.56	3.07	0.46	0.53	0.82	1.84	2.21
34	0.66	0.73	1.10	2.70	3.24	0.48	0.55	0.86	1.98	2.38
35	0.67	0.75	1.14	2.84	3.40	0.50	0.58	0.91	2.12	2.55
36	0.71	0.79	1.22	3.06	3.67	0.53	0.62	0.97	2.35	2.82
37	0.74	0.83	1.30	3.29	3.94	0.56	0.66	1.04	2.57	3.10
38	0.78	0.87	1.39	3.51	4.20	0.59	0.70	1.11	2.80	3.38
39	0.81	0.91	1.47	3.73	4.47	0.63	0.74	1.17	3.03	3.66
40	0.85	0.95	1.55	3.95	4.74	0.66	0.78	1.24	3.25	3.94
41	0.94	1.06	1.70	4.36	5.24	0.73	0.87	1.38	3.63	4.40
42	1.03	1.18	1.85	4.77	5.75	0.80	0.96	1.52	4.01	4.87
43	1.11	1.30	2.01	5.18	6.26	0.87	1.04	1.66	4.39	5.33
44	1.20	1.42	2.16	5.59	6.76	0.94	1.13	1.80	4.76	5.79
45	1.29	1.54	2.31	6.00	7.27	1.01	1.22	1.94	5.14	6.26
46	1.46	1.75	2.58	6.62	8.01	1.12	1.35	2.13	5.34	6.90
47	1.63	1.96	2.85	7.23	8.74	1.22	1.48	2.32	5.54	7.54
48	1.80	2.17	3.12	7.85	9.47	1.33	1.61	2.51	5.74	8.18
49	1.97	2.38	3.38	8.47	10.21	1.44	1.74	2.70	5.94	8.82
50	2.14	2.59	3.65	9.09	10.94	1.55	1.88	2.89	6.14	9.46
51	2.45	2.94	4.10	10.02	12.05	1.71	2.07	3.16	7.32	10.36
52	2.76	3.30	4.55	10.95	13.17	1.88	2.26	3.43	8.50	11.26
53	3.07	3.65	5.00	11.89	14.28	2.04	2.45	3.70	9.68	12.16
54	3.38	4.00	5.44	12.82	15.40	2.21	2.64	3.97	10.86	13.06
55	3.54	4.19	5.73	13.98	16.80	2.26	2.65	4.00	10.12	14.07
56	4.00	4.75	6.42	15.40	18.50	2.50	2.97	4.48	11.89	15.27
57	4.43	5.29	7.10	16.80	20.21	2.76	3.28	4.93	13.64	16.53
58	4.88	5.80	7.76	18.21	21.93	3.06	3.66	5.42	15.36	17.76
59	5.34	6.32	8.43	19.61	23.62	3.32	3.98	5.87	17.13	19.03

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

**AVMA GHLIT 20-Yr. Level Premium Rates<sup>1,2</sup>**  
**Expected To Remain Level For 20 Years**

**Face Amount \$1,000,000**  
**Annual Rate Per \$1,000 of Face Amount**

Issue Age	MALE					FEMALE				
	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	Non-Smoker	Preferred Smoker	Smoker
20	\$0.51	\$0.61	\$0.88	\$2.02	\$2.47	\$0.35	\$0.42	\$0.62	\$1.33	\$1.60
21	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
22	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
23	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
24	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
25	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
26	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
27	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
28	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
29	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
30	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
31	0.53	0.63	0.92	2.16	2.63	0.37	0.44	0.67	1.47	1.77
32	0.55	0.64	0.96	2.30	2.79	0.39	0.46	0.71	1.60	1.94
33	0.58	0.66	1.00	2.43	2.94	0.41	0.48	0.76	1.74	2.10
34	0.60	0.67	1.04	2.57	3.10	0.43	0.50	0.80	1.88	2.27
35	0.62	0.69	1.08	2.71	3.26	0.45	0.52	0.84	2.01	2.43
36	0.65	0.73	1.16	2.93	3.52	0.48	0.56	0.91	2.23	2.70
37	0.69	0.78	1.24	3.15	3.78	0.52	0.60	0.97	2.45	2.97
38	0.73	0.82	1.31	3.36	4.05	0.55	0.64	1.04	2.67	3.24
39	0.76	0.86	1.39	3.58	4.31	0.58	0.68	1.10	2.89	3.51
40	0.80	0.91	1.47	3.80	4.57	0.61	0.72	1.17	3.11	3.78
41	0.89	1.02	1.62	4.19	5.06	0.68	0.81	1.30	3.48	4.24
42	0.97	1.13	1.77	4.59	5.55	0.75	0.89	1.44	3.84	4.69
43	1.06	1.24	1.92	4.99	6.04	0.81	0.98	1.57	4.21	5.14
44	1.14	1.36	2.06	5.38	6.53	0.88	1.07	1.71	4.58	5.59
45	1.23	1.47	2.21	5.78	7.02	0.94	1.15	1.84	4.95	6.04
46	1.39	1.67	2.47	6.38	7.73	1.05	1.28	2.03	5.14	6.65
47	1.56	1.87	2.73	6.97	8.44	1.15	1.40	2.21	5.34	7.27
48	1.72	2.07	2.99	7.57	9.15	1.25	1.53	2.40	5.54	7.89
49	1.88	2.28	3.25	8.17	9.86	1.36	1.66	2.58	5.74	8.50
50	2.05	2.48	3.51	8.76	10.57	1.46	1.78	2.77	5.93	9.12
51	2.34	2.82	3.94	9.66	11.64	1.62	1.97	3.03	7.07	9.99
52	2.64	3.16	4.38	10.56	12.71	1.78	2.15	3.29	8.20	10.85
53	2.94	3.50	4.81	11.45	13.78	1.94	2.33	3.55	9.33	11.72
54	3.24	3.84	5.24	12.35	14.85	2.10	2.51	3.81	10.46	12.59
55	3.46	4.08	5.57	13.47	16.27	2.11	2.54	3.89	9.72	13.57
56	3.85	4.54	6.19	14.82	17.90	2.37	2.88	4.35	11.45	14.76
57	4.29	5.09	6.86	16.21	19.52	2.66	3.17	4.79	13.17	15.94
58	4.69	5.57	7.49	17.55	21.12	2.92	3.49	5.24	14.81	17.11
59	5.12	6.12	8.15	18.90	22.74	3.20	3.78	5.68	16.51	18.31

<sup>1</sup> Note: The insurance company has the right to change rates on a class-wide basis.

<sup>2</sup> Montana residents: Please contact the Trust Office for rates.

## OPTIONAL LARGE SCALE AD&D COVERAGE

### You Have the Option of Adding Large-Scale Accidental Death and Dismemberment Coverage

A serious accident can happen anywhere, at any time. Although you can't completely eliminate the risk, you can help protect yourself against the financial impact – which often can be substantial. This important protection is available to both you and your Spouse/Domestic Partner, provided you are an AVMA Member and you and your Spouse/Domestic Partner are under age 70 and residents of the United States.

### Some Highlights of the Plan

#### You can help protect both yourself and your Spouse/Domestic Partner

For both yourself and your Spouse/Domestic Partner, you may select a Principal Sum – the maximum benefit to be paid.

- Member Coverage is available with a Principal Sum of up to \$200,000 in units of \$10,000.
- Spouse/Domestic Partner Coverage is available with a Principal Sum of up to \$100,000 in units of \$10,000. Your Spouse's/Domestic Partner's coverage may not exceed your own coverage.

#### You receive coverage for serious accidents

Benefits are payable for the following losses if they result directly from and within 180 days after accidental injuries sustained while insured.

LOSS OF	BENEFIT
LIFE	PRINCIPAL SUM
BOTH HANDS, BOTH FEET OR SIGHT OF BOTH EYES	PRINCIPAL SUM
ONE HAND AND ONE FOOT	PRINCIPAL SUM
ONE HAND OR FOOT AND SIGHT OF ONE EYE	PRINCIPAL SUM
ONE HAND OR FOOT OR SIGHT OF ONE EYE	1/2 OF PRINCIPAL SUM

Loss of a hand or foot means it is completely severed through, at or above the wrist or ankle joint. Loss of sight means total and irrecoverable loss.

## AD&D Exclusions and Limitations

If the same accident causes more than one loss, only the one largest benefit shown for any of the losses suffered is payable.

Benefits are not paid for losses due to:

- suicide or self-inflicted injuries (whether intentional or while insane)\*
- war
- military service
- pregnancy (or its termination)
- losses due wholly or partly to disease or mental infirmity or treatment or operation for such disease/infirmity
- losses due to aviation activities other than flying solely as a passenger on a regularly scheduled commercial flight on a franchise passenger route or on certain non-scheduled flights made solely for business reasons

\*Missouri residents: The exclusion for losses due to suicide or self-inflicted injury is not applicable to the injuries caused by an attempted suicide while insane.

## LARGE SCALE ACCIDENTAL DEATH AND DISMEMBERMENT ANNUAL RATES<sup>†</sup>

\$10,000 to \$200,000 (\$10,000 Units) for Member and up to \$100,000 for Spouse/Domestic Partner but not exceeding Member coverage – \$7.20 for each \$10,000.

<sup>†</sup>Note: The insurance company has the right to change rates on a class-wide basis. An example of "class" can be a group of people with the same age or gender.

## ADDITIONAL NOTES

### Effective Date of Coverage

In order to become insured, individuals must provide satisfactory evidence of insurability and pay the required premium. Insurance on you and your eligible approved dependents will take effect on the date coverage is approved by New York Life, provided:

- the initial contribution is paid to the AVMA Group Health and Life Insurance Trust Office within 31 days of that date, and
- any person to be insured is performing the normal activities of a person in good health of like age and sex on the date of approval

### Continuation of Insurance

New York Life cannot terminate coverage or change benefits or premiums on an individual basis; it may do so only on a class-wide basis. An example of "class" can be a group of people with the same age or gender. New York Life has agreed not to exercise its right to terminate the Master Policy as long as: (1) AVMA continues to sponsor only the New York Life Program and (2) participation in the plan exceeds 10,000 insured Members.

For Members, all insurance terminates:

- when Member fails to pay insurance charges on time
- when Member ceases to be an AVMA Member
- when Member reaches age 80 for Life Insurance/age 70 for Large Scale Accidental Death and Dismemberment Coverage
- if the Master Policy terminates

All dependent coverage terminates:

- for Spouse upon divorce/or termination of domestic partnership
- for a dependent child when he or she becomes self-supporting, marries or reaches age 23
- upon termination of Member coverage except for death or reaching the limiting age

## ADDITIONAL NOTES (CONTD)

### How Benefits Are Paid

Death benefits for you are paid to the beneficiary you name. All other benefits, including benefits for all losses suffered by your Spouse/Domestic Partner, are paid to you or your estate.

### Certificates of Insurance

Each insured Member will receive a Certificate of Insurance evidencing coverage which is provided under Group Policy Form GMR.

### **For NY Residents Only – Important Replacement Information**

It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or different insurance company. A replacement will occur if, as part of your purchases of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up or other form of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue or continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced, to help you decide whether the replacement is in your best interest.

## NOTES

## NOTES



## IMPORTANT NOTICE

### How New York Life Underwrites Your Request for AVMA GHLIT Coverage

Information regarding insurability will be treated as confidential. In considering your request for insurance, we will rely on the medical information you provide, and on the information you authorize us to obtain from your doctor, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (formerly known as Medical Information Bureau). New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. We may make a brief report to MIB; however, we will not disclose our underwriting decision. 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 coverage can be approved.

MIB is a nonprofit, membership organization of insurance companies that operates an information exchange on behalf of its Members. When you apply for insurance or submit a claim for benefits to a MIB member company, medical or non-medical information may be given to the Bureau, which may then be furnished to member companies.

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 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 500  
Braintree, MA 02184-8734

For Canadian residents, the address is:  
330 University Avenue, Suite 403  
Toronto, Canada M5G 1R7

MIB can be reached toll free in the U.S.A. at 866-692-6901. For hearing impaired, TTY 866-346-3642. Canadian residents can call 416-597-0590. Information for consumers about MIB may be obtained on its website [www.MIB.com](http://www.MIB.com).

**For NM Residents, PROTECTED PERSONS (1)** have a right of access to certain CONFIDENTIAL ABUSE INFORMATION (2) we maintain our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

(1) PROTECTED PERSON means a victim of domestic abuse who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured or prospective insured.

(2) CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse of 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 counseling relationship.

If we can provide the coverage you requested, we will inform you as to when such coverage will be effective. Under no circumstances will coverage be effective prior to this date. Payment of a premium contribution with your application does not mean that there is any insurance in force before the effective date as determined by New York Life.

NEW YORK LIFE INSURANCE COMPANY  
Rev 1/09

This material briefly describes the provisions of Master Policies G-14885/Face & G-14886/Face policy forms GMR issued to the Trustees of the AVMA GHLIT. For complete details on your coverage please see your Certificate of Insurance.



**Broker/Administrator:**  
HealthPlan Services  
3501 Frontage Road  
Tampa, FL 33607

**Underwritten by:**  
New York Life Insurance Co.  
51 Madison Avenue  
New York, NY 10010

**Claims Administrator:**  
UMR, Inc.  
233 N. Michigan Ave., Ste. 1050  
Chicago, IL 60601

15110L 7382 3/11

A Membership Service of the American Veterinary Medical Association

The AVMA Group Health and Life Insurance Trust • 3501 Frontage Road • Tampa, FL 33607 • 1.800.621.6360

[www.avmaghlit.org](http://www.avmaghlit.org)