

# ACS Group 10-Year Level Term Life Insurance Plan



Today, about 40% of families are unprotected by life insurance.\*

## Could your family take on all your financial responsibilities and still live comfortably if something happened to you?

As a member of the American Chemical Society (ACS), finding the right life insurance policy has never been easier. Your membership gives you privileged access to comprehensive coverage that's affordable and portable. And with guaranteed rates and benefits for the full initial 10-year term, you don't have to worry about changes in your age or health affecting your policy. Get the coverage you deserve with one of the smartest, most practical forms of life insurance available.

\*\*Peace of Mind: Now and in Retirement.\* Secure Family. Secure Family, Apr. 2016. Web. 8 December 2016.

**ACS** Member Insurance  
Protecting Life's Elements

### Help Ensure Their Future

Group Level Term Life Insurance can help your family continue to live comfortably should anything happen to you. It creates an instant estate to help supplement the loss of your income or your spouse's/ domestic partner's income, making it easier for your loved ones to pay for immediate expenses, as well as long-term debts such as a mortgage or your children's educations.

### Find Out About the Plan's Eligibility Requirements

All ACS members and Society Affiliates, under age 65, and their lawful spouse/ domestic partner, under age 65, residing in the U.S.\* (except territories), Puerto Rico, or Canada (except Quebec), and all

unmarried dependent children through age 25 are eligible to apply for coverage. In order to become insured, individuals must be a member of the ACS, provide satisfactory evidence of insurability, and pay the required premium. A dependent who is also a member is eligible for either member or dependent coverage, but not both. If both the member and spouse/domestic partner are covered as members, neither may insure the other as spouse/domestic partner and only one may insure any eligible children.

\*Certain state restrictions apply.

### Learn What Happens After the Initial 10-Year Term

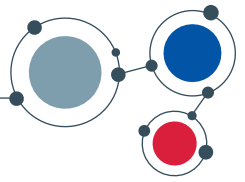
If still eligible, you and your spouse/ domestic partner may reapply for a subsequent 10-year term at the rates in

effect at that time, provided the insured is under age 65. Rates for the subsequent term would be determined based on your then current age, health, and tobacco/ nicotine use, and be guaranteed for 10 years. If you don't apply or aren't approved for another 10-year term, your coverage will continue, but on a non-guaranteed rate basis, with increasing premiums as you age. Call the Plan Administrator for details.

### 30-Day Free Look

If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

# ACS Group 10-Year Level Term Life Insurance Plan



## Discover the Plan's Value-Added Features

Unlike insurance through an employer, your ACS Group 10-Year Level Term Life Insurance stays with you even if you change jobs, provided you maintain your ACS membership, pay your premiums when due, and the group policy remains in effect.

### Review Your Coverage Options

Choose the amount of **Group 10-Year Level Term Life Insurance** you need at rates guaranteed not to change for the next 10 years.

| <b>Member:</b>                                     | <b>Spouse or Domestic Partner:</b>  | <b>Each Unmarried Dependent Child:</b>  |
|--|---|---|
| \$100,000 to \$2,000,000<br>(in \$1,000 multiples) | \$100,000 to \$2,000,000 (in \$1,000 multiples not to exceed 100% of member's coverage) | \$500 under 6 months of age; 2,500 to \$10,000 for age 6 months through 25 years (in \$2,500 multiples) |

*The aggregate maximum amount of life insurance in force for all New York Life ACS Group Life Insurance policies may not exceed \$2,000,000 per insured individual.*

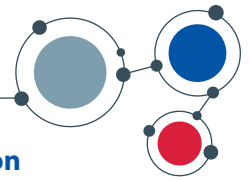
### Save Money with Two Discount Opportunities

#### **Volume Discount:**

Members who apply for higher coverage amounts are eligible for volume discounts. If you or your spouse/domestic partner becomes insured for coverage amounts of \$200,000 through \$499,000, you'll receive a volume discount. For \$500,000 through \$2,000,000 of coverage, you'll receive an even bigger discount.

#### **Lower Non-Smoker Rates:**

If you and/or your spouse/domestic partner meet the highest underwriting standards, including not having used tobacco or nicotine products for the past 24 months, you may qualify for "Preferred" rates. Other non-smokers may qualify for higher "Select" or "Standard" rates. (See the Current Table of Rates for specifics.)



## Accelerated Death Benefit

An insured member (or insured spouse/domestic partner) would be eligible to request one advance payment of up to 75% of your in-force life insurance if you are diagnosed as terminally ill with a life expectancy of 12 months or less (Illinois residents, 24 months). You can use all the money received under the accelerated death benefit in any way you choose—pay bills, maintain your quality of life, or for any other financial obligation—to help ease the burden during a difficult time. Full premiums will continue to be payable. Please note that receipt of the accelerated death benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor. Please see the Certificate of Insurance for full terms, conditions, and limitations.

**Note:** The accelerated death benefit is not available to residents of Massachusetts.

## Manageable Payments

Rates shown are on an annual basis per \$1,000 of coverage (see the rate chart on the next page). Semiannual payments (April 1 and October 1) may be made by check, credit card, electronic funds transfer, or using the ACS Member Insurance Online Pay website.

## Effective Date

Coverage will take effect on the date the request for insurance is approved by New York Life, provided the person to be insured is performing the normal activities of a person in good health of like age on the date of approval (residents of Maryland and North Carolina: Any reference to “performing normal activities of a person in good health of like age” is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application). The normal activities requirement does not apply to dependent life coverage for children.

## When Coverage Ends

Coverage will end when the insured member or spouse/domestic partner reaches age 75 (26 for children) or earlier if: premiums are not paid when due; the group plan is terminated or modified by the policyholder to end insurance for the group of insureds to which the member belongs; or the insured requests to terminate the insurance. Dependent child coverage will terminate when the child is no longer an eligible dependent.

## Exclusions

Benefits are paid for death from any cause, at any time, anywhere in the world,\* except if relating to suicide within 24 months of coverage approval date. (Missouri residents: suicide is not excluded unless intended when you applied.) The validity of any amount of your life insurance, which has been in force for two years during an insured’s lifetime, will not be contested except for insurance eligibility provisions and non-payment of premium contributions.

*\*Subject to U.S. government regulations on restricted countries.*

## Name Your Beneficiary

Your beneficiary is the person(s) last designated by you or your spouse/domestic partner in writing, and recorded by or on behalf of New York Life. You are the automatic beneficiary for dependent child insurance, as described in the Certificate of Insurance.

## Ownership of Insurance

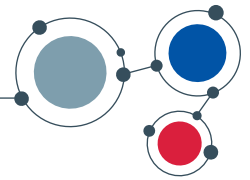
“Owner” means the person or entity with rights of ownership of this insurance as described in the Certificate of Insurance. If a transfer of ownership has been recorded, by or on behalf of New York Life, or initial ownership is by other than the member according to the information provided on the application,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

## Important Information From New York Life Insurance Company

This plan is medically underwritten based on the information provided by you on the application. It is important that you complete the form truthfully and completely. Your request is subject to New York Life Insurance Company’s approval, and more medical information may be requested.

A physical exam, EKG, blood test, or other information may be required. If so, we will arrange for a professional paramedic to contact you to perform these simple tests at your convenience, free of charge. The shorter application works in conjunction with a “tele-underwriter.” The service provider that contacts you will take your personal health information confidentially over the phone while you’re at home or at the office. If needed, your provider will make arrangements for any medical requirements with you during this call. New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your request form may be used as the basis for rescinding your insurance.

# ACS Group 10-Year Level Term Life Insurance Plan



## Group 10-Year Level Term Life Insurance

Current 2018 Annual Premium Rates Per \$1,000 Coverage

| Male & Female Issue Age | Amounts \$100,000–\$199,000 |      |             |      |               |       | Amounts \$200,000–\$499,000 |      |             |      |               |       | Amounts \$500,000–\$2,000,000 |      |             |      |               |       |
|-------------------------|-----------------------------|------|-------------|------|---------------|-------|-----------------------------|------|-------------|------|---------------|-------|-------------------------------|------|-------------|------|---------------|-------|
|                         | PREFERRED RATE              |      | SELECT RATE |      | STANDARD RATE |       | PREFERRED RATE              |      | SELECT RATE |      | STANDARD RATE |       | PREFERRED RATE                |      | SELECT RATE |      | STANDARD RATE |       |
|                         | M                           | F    | M           | F    | M             | F     | M                           | F    | M           | F    | M             | F     | M                             | F    | M           | F    | M             | F     |
| 28-29*                  | .69                         | .62  | .78         | .71  | 1.95          | 1.63  | .46                         | .40  | .55         | .48  | 1.70          | 1.40  | .41                           | .35  | .51         | .44  | 1.64          | 1.34  |
| 30-34                   | .69                         | .62  | .78         | .71  | 1.96          | 1.66  | .46                         | .40  | .55         | .48  | 1.72          | 1.41  | .41                           | .35  | .51         | .44  | 1.65          | 1.35  |
| 35                      | .69                         | .62  | .78         | .71  | 2.02          | 1.69  | .46                         | .40  | .55         | .48  | 1.78          | 1.45  | .41                           | .35  | .51         | .44  | 1.71          | 1.39  |
| 36                      | .70                         | .63  | .81         | .73  | 2.11          | 1.77  | .47                         | .41  | .58         | .51  | 1.86          | 1.53  | .42                           | .36  | .53         | .46  | 1.79          | 1.47  |
| 37                      | .72                         | .67  | .84         | .76  | 2.24          | 1.90  | .48                         | .43  | .60         | .53  | 1.98          | 1.65  | .44                           | .39  | .55         | .48  | 1.91          | 1.59  |
| 38                      | .76                         | .70  | .87         | .80  | 2.38          | 2.05  | .51                         | .47  | .64         | .57  | 2.13          | 1.81  | .46                           | .42  | .59         | .52  | 2.05          | 1.74  |
| 39                      | .80                         | .73  | .92         | .85  | 2.58          | 2.24  | .53                         | .51  | .69         | .61  | 2.32          | 1.98  | .48                           | .46  | .64         | .57  | 2.24          | 1.91  |
| 40                      | .84                         | .77  | .97         | .89  | 2.78          | 2.40  | .57                         | .54  | .74         | .66  | 2.53          | 2.14  | .52                           | .49  | .69         | .61  | 2.45          | 2.07  |
| 41                      | .88                         | .82  | 1.03        | .96  | 3.04          | 2.58  | .61                         | .59  | .80         | .72  | 2.78          | 2.32  | .57                           | .54  | .74         | .67  | 2.70          | 2.24  |
| 42                      | .94                         | .87  | 1.11        | 1.02 | 3.34          | 2.76  | .69                         | .64  | .87         | .78  | 3.07          | 2.50  | .64                           | .59  | .82         | .73  | 2.98          | 2.42  |
| 43                      | 1.00                        | .94  | 1.18        | 1.10 | 3.68          | 2.98  | .76                         | .70  | .94         | .86  | 3.40          | 2.71  | .71                           | .65  | .89         | .80  | 3.30          | 2.62  |
| 44                      | 1.06                        | 1.00 | 1.28        | 1.17 | 4.05          | 3.19  | .83                         | .76  | 1.04        | .93  | 3.76          | 2.93  | .78                           | .71  | .98         | .88  | 3.66          | 2.84  |
| 45                      | 1.16                        | 1.05 | 1.38        | 1.25 | 4.43          | 3.43  | .92                         | .82  | 1.13        | 1.00 | 4.14          | 3.16  | .86                           | .77  | 1.08        | .95  | 4.03          | 3.07  |
| 46                      | 1.26                        | 1.12 | 1.49        | 1.31 | 4.87          | 3.68  | 1.00                        | .88  | 1.24        | 1.07 | 4.56          | 3.40  | .95                           | .83  | 1.18        | 1.02 | 4.45          | 3.30  |
| 47                      | 1.37                        | 1.17 | 1.62        | 1.39 | 5.34          | 3.95  | 1.09                        | .93  | 1.38        | 1.15 | 5.03          | 3.66  | 1.03                          | .88  | 1.32        | 1.09 | 4.91          | 3.56  |
| 48                      | 1.47                        | 1.23 | 1.76        | 1.47 | 5.84          | 4.24  | 1.17                        | .99  | 1.51        | 1.23 | 5.51          | 3.94  | 1.11                          | .93  | 1.45        | 1.17 | 5.39          | 3.84  |
| 49                      | 1.61                        | 1.30 | 1.91        | 1.55 | 6.36          | 4.53  | 1.28                        | 1.05 | 1.65        | 1.30 | 6.02          | 4.23  | 1.22                          | .99  | 1.59        | 1.24 | 5.89          | 4.12  |
| 50                      | 1.75                        | 1.38 | 2.09        | 1.66 | 6.88          | 4.83  | 1.40                        | 1.12 | 1.82        | 1.40 | 6.53          | 4.52  | 1.34                          | 1.07 | 1.76        | 1.34 | 6.39          | 4.41  |
| 51                      | 1.90                        | 1.47 | 2.27        | 1.75 | 7.39          | 5.14  | 1.55                        | 1.21 | 2.01        | 1.50 | 7.03          | 4.82  | 1.48                          | 1.15 | 1.93        | 1.43 | 6.87          | 4.71  |
| 52                      | 2.04                        | 1.58 | 2.46        | 1.86 | 7.88          | 5.46  | 1.72                        | 1.32 | 2.20        | 1.61 | 7.51          | 5.14  | 1.65                          | 1.26 | 2.12        | 1.54 | 7.35          | 5.02  |
| 53                      | 2.20                        | 1.69 | 2.68        | 1.97 | 8.40          | 5.79  | 1.90                        | 1.42 | 2.40        | 1.72 | 8.02          | 5.47  | 1.83                          | 1.36 | 2.33        | 1.65 | 7.85          | 5.34  |
| 54                      | 2.40                        | 1.81 | 2.91        | 2.10 | 8.98          | 6.13  | 2.10                        | 1.55 | 2.63        | 1.85 | 8.60          | 5.79  | 2.03                          | 1.48 | 2.55        | 1.78 | 8.41          | 5.66  |
| 55                      | 2.59                        | 1.93 | 3.17        | 2.25 | 9.65          | 6.48  | 2.32                        | 1.67 | 2.89        | 1.98 | 9.24          | 6.14  | 2.24                          | 1.60 | 2.80        | 1.91 | 9.05          | 6.00  |
| 56                      | 2.82                        | 2.04 | 3.44        | 2.40 | 10.40         | 6.79  | 2.54                        | 1.78 | 3.16        | 2.13 | 9.97          | 6.45  | 2.46                          | 1.71 | 3.07        | 2.05 | 9.76          | 6.30  |
| 57                      | 3.04                        | 2.16 | 3.73        | 2.55 | 11.19         | 7.09  | 2.77                        | 1.88 | 3.41        | 2.28 | 10.75         | 6.74  | 2.68                          | 1.82 | 3.31        | 2.21 | 10.54         | 6.59  |
| 58                      | 3.32                        | 2.27 | 4.05        | 2.74 | 12.09         | 7.41  | 3.03                        | 2.01 | 3.74        | 2.47 | 11.64         | 7.05  | 2.95                          | 1.93 | 3.64        | 2.39 | 11.41         | 6.90  |
| 59                      | 3.63                        | 2.42 | 4.42        | 2.93 | 13.15         | 7.82  | 3.34                        | 2.15 | 4.10        | 2.66 | 12.67         | 7.45  | 3.24                          | 2.08 | 3.99        | 2.58 | 12.42         | 7.29  |
| 60                      | 3.99                        | 2.60 | 4.87        | 3.18 | 14.38         | 8.36  | 3.69                        | 2.33 | 4.53        | 2.86 | 13.88         | 7.98  | 3.59                          | 2.26 | 4.42        | 2.78 | 13.61         | 7.81  |
| 61                      | 4.40                        | 2.84 | 5.37        | 3.47 | 15.73         | 9.05  | 4.10                        | 2.57 | 5.04        | 3.18 | 15.19         | 8.66  | 3.99                          | 2.49 | 4.92        | 3.09 | 14.91         | 8.48  |
| 62                      | 4.84                        | 3.11 | 5.96        | 3.78 | 17.19         | 9.88  | 4.57                        | 2.85 | 5.64        | 3.49 | 16.62         | 9.47  | 4.46                          | 2.77 | 5.50        | 3.40 | 16.31         | 9.28  |
| 63                      | 5.36                        | 3.43 | 6.62        | 4.16 | 18.91         | 10.83 | 5.09                        | 3.18 | 6.29        | 3.86 | 18.30         | 10.39 | 4.97                          | 3.09 | 6.15        | 3.76 | 17.96         | 10.18 |
| 64                      | 5.97                        | 3.78 | 7.37        | 4.56 | 21.01         | 11.89 | 5.68                        | 3.52 | 7.04        | 4.24 | 20.40         | 11.43 | 5.55                          | 3.42 | 6.88        | 4.14 | 20.02         | 11.20 |

\*Standard rates vary between ages 20-28. Please call the ACS Plan Administrator at 844.282.2438 if you have any questions.

**M** = Male **F** = Female

**RATES FOR CHILDREN**—\$3.00 annually per \$2,500 benefit unit. Maximum number of benefit units is 4.

The premium contributions shown reflect the current rates (as of January 1, 2018) and benefit structure. You will be billed semiannually on April 1 and October 1. At the end of the 10-year period, the INSURED MEMBER or INSURED SPOUSE/DOMESTIC PARTNER may elect to reapply for 10-year level term rates covering subsequent 10-year periods if he or she is less than age 65. Rates will be based on then current age, health, and tobacco/nicotine use. The INSURED MEMBER'S or INSURED SPOUSE'S/DOMESTIC PARTNER'S CONTRIBUTION will automatically be calculated on a non-guaranteed basis if he or she: (1) is not approved for the 10-year level term rates; (2) is age 65 or over; or (3) does not elect to reapply for 10-year level term rates.

**Montana residents:** Male rates apply to everyone regardless of gender.

**The cost of this life insurance is based upon the member and spouse/domestic partner's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued.**

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

# ACS Group 10-Year Level Term Life Insurance Plan



## IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request for Group 10-Year Level Term Life Insurance

In this notice, references to “you” and “your” include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (“MIB”). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a “need to know” basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901 (TTY 866 346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

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

<sup>1</sup>PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

<sup>2</sup>CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

**New York Life Insurance Company 8.12 ed.**

**This brochure is intended to describe only principal features of the ACS 10-Year Level Term Life Insurance Plan and is not a contract. For complete details on this plan, including features, costs, eligibility, renewability, limitations, and exclusions, see the Certificate of Insurance.**

*ACS Group 10-Year Level Term Life Insurance plans underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under policy form GMR-G-29204/FACE. New York Life Insurance Company, a leading insurance company, rated A++ by A.M. Best for financial strength (7/20/17).*

*The ACS Member Insurance Program is self-supporting. ACS member dues are not used in any way to maintain or promote ACS insurance plans.*

BROKED AND ADMINISTERED BY:



1200 E. Glen Ave., Peoria Heights, IL 61616  
[pearlinsurance.com](http://pearlinsurance.com)

UNDERWRITTEN BY:



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

*Pearl Insurance solicits insurance on behalf of New York Life and receives compensation, which may vary depending on certain factors, based on the sale of insurance. For additional compensation information, please call Pearl Insurance at 800.447.4982.*

*California Insurance License #0F76076,  
AR#1322*

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## For More Information, or to Apply for Coverage

Complete and return the ACS Group 10-Year Level Term Life Insurance Plan application form included with this brochure. You may also call the ACS Plan Administrator at **844.282.2438**, or visit **[acs.org/insurance](http://acs.org/insurance)**. For complete details on this plan, including features, costs, eligibility, renewability, limitations, and exclusions, see the Certificate of Insurance.

**For residents of Puerto Rico, applications and premium payments should be sent to:**

**Global Insurance Agency**  
P.O. Box 9023918  
San Juan, Puerto Rico 00902-3918

**NOTE:** In order to expedite claim payments we request that you provide the following information for everyone you are requesting coverage on, as well as, on any named beneficiary: full name, address, date of birth, social security number, and telephone number. Please call 844.282.2438 to complete this request. If you prefer, enclose a separate piece of paper with this information together with your application.