

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.

*Individual Third Party Ratings Reports (as of 7/7/10)

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.

Spouses/domestic partners who are also eligible members can only be covered as an eligible member or eligible spouse/domestic partner but not both.

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. If both parents are covered, dependent coverage can only be elected by one member.

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 24 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, up to 50 percent of the amount of their in force life insurance. 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. Premium contributions will not be reduced.

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^{1,2}

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.

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

²Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 10-Yr. Level Premium Rates^{1,2} 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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 10-Yr. Level Premium Rates^{1,2} 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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 10-Yr. Level Premium Rates^{1,2} 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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 10-Yr. Level Premium Rates^{1,2} 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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 20-Yr. Level Premium Rates^{1,2} 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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 20-Yr. Level Premium Rates^{1,2}
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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 20-Yr. Level Premium Rates^{1,2} 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

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

² Montana residents: Please contact the Trust Office for rates.

AVMA GHLIT 20-Yr. Level Premium Rates^{1,2}
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

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

² 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.

Spouse/domestic partners who are also eligible members can only be covered as an eligible member or eligible spouse/domestic partner but not both.

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[†]

\$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.

†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

How New York Life Obtains Information and Underwrites Your Request for AVMA GHLIT Group 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, or a claim for benefits is submitted to a 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.

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, of the 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.

For NM Residents: PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

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 person or prospective insured person.

² 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
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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.

Arkansas Insurance Producer License Number 248899
California Insurance Producer License Number 0786091



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 Administered by:
AVMA GHLIT
P.O. Box 30481
Tampa, FL 33630-3481

This marketing material is not intended for use in NM.

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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