



The Trust

Life Insurance Plan

Your Earning Power Is Your Most Important Asset!

The average American household has just \$187,400 of Life Insurance¹. That's not much for a family to get by on without you. Where would those who depend upon you find the funds to pay the mortgage, taxes, car payments and educational expenses if you were not there to help provide for their financial future? How long could your family get along without your income? **In fact, isn't your most valuable asset your earning power?**

How much Life Insurance do I need?

Life Insurance needs vary depending upon your situation. But one thing is clear, it takes a substantial amount of insurance to replace your current earnings, and even more if future earnings potential is taken into account.

We suggest that if you have a young family to protect, you ought to have death benefits available equal to between 6 and 10 times earnings in order to replace your annual income. The interest earnings on a lump sum equal to this amount, together with family income benefits from Social Security, would replace the majority of your income while leaving the lump sum intact for later use.

Life Insurance Planning Worksheet

- 1. Current annual salary \$ _____
- 2. Multiply times a factor of 6
- 3. Death benefits needed \$ _____
- 4. Existing death benefits
 - existing insurance \$ _____
 - employer group \$ _____
 - pension plan \$ _____
 - cash savings \$ _____
- 5. TOTALS \$ _____
- 6. Subtract line 5 from line 3
- New insurance needed \$ _____



Liberty Mutual



¹ American Council of Life Insurance, U.S. Bureau of the Census

² Represents the maximum family benefit under Social Security for a worker age 40 earning \$50,000 a year.

³ Ten times current annual salary is the approximate discounted value (at 7%) of a person's future earnings potential assuming yearly salary increases of 6%.

Here's how it works

Using the Worksheet you can estimate your current need for additional life insurance. For instance, if your annual earnings amount to \$50,000 a year, you'll need death benefits of a minimum of \$300,000. Let's say that you already have existing death benefits equal to \$150,000. Your application should be for \$150,000 of new coverage making the total death benefit \$300,000. Applying a conservative interest rate against the proceeds (6%) would produce an annual income of \$18,000 a year (while holding the principal intact for later years). This interest income together with an estimated² \$24,732 from Social Security would replace \$42,732 or 85% of your current salary. If you'd like to replace today's salary *and potential salary increases you would have earned had you lived, a multiplier of 10 times salary should be used instead of 6*³.

What kind of insurance should I buy?

It makes sense to buy what you need! Term insurance is very cost effective coverage. It provides pure death protection without combining the insurance with elements of savings. Term insurance is therefore a good choice for those who have other means of savings at their disposal such as through their pension, 401(k) plan, or tax sheltered annuity.

What does it cost to buy the level of coverage I need?

You'll be surprised how little it costs to protect your family's financial well-being! For instance, if you are age 35, *\$150,000 of Trust Group Term Life Insurance costs just \$72.90 twice per year! Group rates are shown for other ages and policy sizes in the brochure.*

Who may apply for Trust Group Term Life Insurance?

You are eligible to apply if you are a member of the American Psychological Association and are under age 65. **Your spouse under age 65 is also eligible and may apply as long as you are insured.** Unmarried dependent children under the age of 24 may also apply for \$2,000 of coverage.

Extra Plan Features At No Additional Charge

Liberty's Living Benefit – This important flexibility allows for the early payment of death benefits from your life insurance coverage if you become terminally ill. If a licensed physician certifies that your life expectancy is 12 months or less, up to 50% of the amount of life insurance selected (up to \$100,000) will be payable to you. The amount paid is not discounted for interest due to early payment of the benefit.

Inflation Safeguard – This benefit is automatically included when the coverage is purchased. Its purpose is to prevent inflation from eroding the death protection of the coverage. Each November 1, after the initial effective date of coverage, you can purchase 10% of the initial face amount of insurance, **providing you exercised** this option the previous November 1 and notify Liberty Mutual in October each year for required forms. Premiums for the additional coverage will be added to your bill.

Waiver of Premium Benefit – If you are under age 65 and become totally disabled according to the terms of the certificate for a period of nine consecutive months, your premium payments will be waived. Accidental Death and Dismemberment as well as Inflation Safeguard benefits are suspended during this period.

Accidental Death and Dismemberment (AD&D) optional premium – For a relatively small additional premium, you or your spouse can purchase this valuable additional protection. In the event of death by accident, AD&D pays an additional death benefit equal to the amount you select. AD&D also pays an additional benefit in the amount you select in the event of loss of both hands, both feet, sight of both eyes, one hand and one foot, or one foot and the sight of one eye. It will also pay half of the amount you select in the event of the loss of one hand, one foot, the sight of one eye, speech or hearing.

Have any questions? Call Liberty Mutual toll-free at **1-888-287-8494**. You may also call The Trust toll-free at **1-800-477-1200**.

How much coverage can my family and I apply for?

Members – may apply for as much as \$1,000,000 of coverage in multiples of \$10,000. Minimum policy size is \$10,000.

Spouses – are eligible to apply for as much as \$1,000,000 of coverage in multiples of \$10,000. Minimum policy size is \$10,000.

Children – \$500 from 15 days of age to one year.

Unmarried dependent children ages 1-24 – \$2,000.

General information

How to apply – Complete the enclosed application as soon as possible and mail to:

**Administrator, APA Group Insurance Plans
Liberty Life Assurance Company of Boston
P.O. Box 1525
Dover, New Hampshire 03821-1525**

Your acceptance into the plan for initial requests and all requests for increases are subject to providing satisfactory evidence of insurability except under the Inflation Safeguard Option. It is extremely important that you answer fully the medical history on the application and on all forms submitted. Liberty relies on your answers and failure to supply complete information may invalidate coverage. You may be requested to take a simple physical exam. This will be paid for by Liberty if the request is for coverage of \$100,000 or more. The insurance will not become effective until the first day of the calendar month following the date the company determines that such evidence is satisfactory.

Premium – Semi-Annual premiums are due each November 1 and May 1. Annual premium is due each November 1. In the event that you enter the plan on any premium due date other than November 1 or May 1, the premium will be prorated to the next premium due date. Any changes in benefits and/or rates normally occur on the anniversary date of the group policy which is November 1.

Change of beneficiary – You may designate a change of beneficiary for your Life Insurance plan at any time by writing the Administrator of the APA Group Insurance Plans at the address shown above.

When there is a claim – Detailed information regarding claims procedures is issued with the certificate.

Plan limitations – The Life Insurance benefit will be paid for death from any cause except suicide committed within the first two years of coverage.

Accidental Death and Dismemberment coverage excludes:

- Suicide or any attempt thereof, while sane or insane;
- Intentionally self-inflicted injury;
- Disease or sickness, or related medical or surgical treatment;
- Ptomaines or bacterial infection except through a visible wound accidentally sustained;
- War or any act of war;
- Drugs that are voluntarily taken, ingested or injected, unless as prescribed or administered by a physician; and
- Active participation in a riot or committing or attempting to commit an indictable offense.

Termination of insurance – Your insurance will cease on the earliest of the following dates:

- The date the master policy held by the Trustees is canceled;
- The date you fail to make any agreed payment of premium within the 31-day grace period; or
- The anniversary date of the policy following your 75th birthday.

Dependents' insurance will cease when:

- The member dies or ceases to be insured;
- The date you fail to make any agreed payment within the 31-day grace period;
- The anniversary date of the policy following the 75th birthday of an insured dependent spouse;
- A dependent child attains age 24;
- A dependent child marries; or
- The marriage of the member terminates.

Administration – This plan is underwritten and administered by the Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. A Group Life Insurance policy has been issued to the Trustees of the APA Insurance Trust. The Trust and Liberty Mutual have been working together for over 50 years. It is the only Life Insurance Program endorsed by the American Psychological Association Insurance Trust. Each participating member receives a certificate outlining the benefits to which he or she is entitled under the policy. **The descriptions in this brochure are necessarily brief and are subject to provisions that can only be expressed exactly in the certificates of insurance.**



Application for Group Term Life Insurance

Please Print

Member Name _____ APA Membership Number _____

Category of Membership: Full Member _____ Associate Member _____

Home Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Home Telephone No. (_____) _____ Business Telephone No. (_____) _____

Male _____ Female _____

Member: Date of Birth _____ Height _____ Weight _____ Social Security No. _____
Month Day Year

Spouse: Date of Birth _____ Height _____ Weight _____ Social Security No. _____
Month Day Year

First year you became a full/associate member of the American Psychological Association. _____

Have you ever been enrolled in any APA Insurance Programs with Liberty Mutual? _____ Yes _____ No

If yes, what type of coverage and is coverage still in effect? _____

Employed By _____ Occupation _____

I (We) wish to select the following amount(s) of Life Insurance:

Member Life Insurance:

Amount of Life Insurance applied for: \$ _____

Amount of Accidental Death Insurance applied for: (Must not exceed amount of Life Insurance.) \$ _____

Beneficiary: _____ Relationship: _____

Dependent Spouse Life Insurance: Name _____

Amount of Life Insurance applied for: \$ _____ (May be equal or less than member's amount)

Amount of Accidental Death Insurance applied for: (Must not exceed amount of Life Insurance.) \$ _____

Beneficiary: _____ Relationship: _____

I (We) wish to pay premium:

Annually Semi-Annually

How Can You Review Your Personal Information

You have the right to review certain recorded personal information contained in our files. To do so, please write to us at the address appearing at the end of this notice. We need your full name and address, telephone number, and APA membership number. All information requested must be reasonably described by you and reasonably locatable and retrievable by us.

Within 30 business days of receipt of your request we will contact you and tell you the nature and substance of the recorded personal information in our files. If you wish, you may see and copy this information in person or obtain copies by mail, subject to the payment of a reasonable fee. We will disclose the identity of any persons or organizations to whom we have disclosed this information during the preceding two years.

Your doctor can best explain medical information to you. Therefore, if you have requested such information, our practice is to disclose it to a medical professional named by you and licensed to treat the condition to which this medical information relates.

We are not required to give you access to certain types of information. This information is usually collected in connection with a claim under an insurance policy or when the possibility of a lawsuit exists.

If You Disagree With Our Records

You have the right to request us to correct, amend or delete any recorded personal information that you feel is incorrect. To do so, write to us and tell us what is inaccurate and why.

We will reinvestigate the information you think is incorrect. If we agree, we will make the necessary corrections, amendments or deletions. We will also notify persons or organizations to whom we have previously disclosed the inaccurate information of the change.

If we disagree, we will give you our reasons for refusing to correct, amend or delete the information. If you are not satisfied, you have the right to send us a concise statement of what you believe is the correct information and why you disagree with our refusal to correct it. We will place your statement in our file and send a copy of it to any persons and organizations to whom we have previously disclosed this information. We will also include your statement with any future disclosure of information from your file.

Your Privacy Is Our Concern

Please be assured that we, at Liberty, are committed to the careful handling of your personal information. If you wish to exercise any of the above rights or have additional questions, please write to:

Administrator – APA Group
Liberty Mutual Insurance Company
P.O. Box 1525
Dover, N.H. 03821-1525

Notice

Thank you for your inquiry regarding APA Trust Group Life Insurance.

You may indicate your preference of plans on the enclosed application form. Should you already be insured and wish to increase your coverage, please indicate the combined total (present insurance and the increase) on the application.

- **If the total amount selected is \$100,000 or greater** (rates are 35% lower per \$1,000 of coverage for amounts over \$150,000) we will require a simple paramedical exam and routine laboratory tests. A local representative of Portamedic will contact you to arrange for the exam at a time and place convenient for your schedule. ***The expense incurred for this exam and laboratory tests will be paid by Liberty.***
- **If the total amount you select is \$40,000 or less and your age is less than 40 years**, we may not require a medical exam. If the total amount you select is \$40,000 or less and your age is greater than 40 years, we will require a medical examination to be completed by your physician. Information that is less than 12 months old is required. Expense incurred obtaining this information must be borne by the applicant.
- **If the total amount you select is over \$40,000 but less than \$100,000** we will require a medical examination to be completed by your physician. Information that is less than 12 months old is required. Expense incurred obtaining this information must be borne by the applicant.

A Notice of Information Practices as required by State Insurance laws is also enclosed. Information collected in connection with your application is regarded as confidential, but, can be shared with persons or organizations necessary to accomplish the goal of issuing insurance to you. Disclosures by Liberty are cited on the enclosed Notice of Information Practices.

Liberty Mutual Insurance Company Liberty Life Assurance Company Of Boston (Required Notice Of Information Practices)

Collection Of Information

To properly underwrite and administer your group Insurance coverage, we must collect a certain amount of necessary Information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but, in general, we will be seeking information about your age, physical and mental condition, health history, and other insurance coverage.

Your application is our most important source of information. If we need additional medical information, we may ask you to have your attending physician complete a statement.

Disclosures By Liberty

In general, we do not disclose personal information about you to anyone without your consent. However, to the extent necessary to conduct our business, we may share information about you without your specific authorization. Following is a brief description of some of the persons or organizations to whom certain items of information might be disclosed:

- Persons or organizations which perform professional, business or insurance functions for us;
- Other insurance companies in connection with this application or with any other application, policy or claim involving you. For example, we would share information about you with other companies that have insured you;
- Our representatives, investigators, attorneys and other persons who are or will become involved in processing your application, providing you with service, or acting upon any claim;
- Insurance-support organizations or insurers for the purpose of detecting or preventing criminal activity, fraud, misrepresentation or nondisclosure;
- Insurance regulatory authorities, governmental authorities or law enforcement agencies to protect our interest in cases of suspected fraud or illegal activities;
- Medical professionals or institutions for the purpose of verifying insurance coverage or benefits, informing an individual of a medical condition not known to the individual, or conducting an audit;
- Persons or organizations conducting bonafide actuarial or scientific research studies, audits or evaluations; however, you will not be individually identified in any research report and the material we provide will be returned to us or destroyed when no longer needed;
- Our affiliates for auditing or marketing purposes; and
- A group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services.

The above describes some of the disclosures which "MAY" be made, not disclosures which are always or even often made. In any event, the information disclosed will be limited to that which is reasonably necessary to accomplish the intended purpose.

Dependent Child(ren) Under Age 24 Life Insurance

1. List the dependents you wish to insure. (The only persons you may list are your unmarried children under 24 years of age. No one may be insured as a member and a dependent or as a dependent of two members.)

Last Name	First	Initial	Relationship	Date of Birth (M/D/Y)	Height	Weight
a.						
b.						
c.						
d.						
e.						

Important: You must answer Yes or No to each of the following questions. All boxes must be filled with either "Yes" or "No" for each person you wish to insure. Do not leave boxes blank as failure to complete all boxes with either a Yes or No response will cause application to be returned.

2. Have you or your dependents ever been treated for or had knowledge that you or they were afflicted with: (answer "Yes" or "No")

	Yourself	Spouse (if applying)	Children (if applying)
a. Mental or emotional illness			
b. Heart trouble, high blood pressure, or high cholesterol			
c. Albumin, blood or sugar in your urine			
d. Diabetes, epilepsy or stroke			
e. Asthma, respiratory disorders or lung disease			
f. Cancer, tumor or ulcer			
g. Disease of eyes, ears, nose or throat			
h. Disease of bones, joints, kidneys or genital organs			
i. Sexually transmitted disease			
j. AIDS, ARC (AIDS Related Complex), or ever tested positive for the HTLV-III Antibodies			
k. Treatment or recommended treatment for alcohol or drug abuse			

3. Do you or any of your dependents have any disease, disability or deformity, congenital or otherwise, except as stated in #2? ____Yes ____No
4. Are you or your dependents currently taking any prescription medicine? ____Yes ____No If yes, explain on a separate sheet of paper the type of medication, duration, and for what condition.
5. For all "Yes" answers in #2 & #3, give details by individual's name and by item letter of any conditions recorded. Give dates, treatment, duration, severity, and any recurrence. If space is inadequate, complete statement on a separate sheet.

6. To the best of your knowledge and belief are either you or your spouse now pregnant? ____Yes ____No
7. Have either you or your spouse used any form of tobacco, or a nicotine substitute (e.g. gum, patch, inhaler) within the past 12 months? ____Yes ____No If "Yes", indicate who _____
8. Have you or any of your dependents ever been rejected, deferred or discharged by the military because of physical or mental conditions? ____Yes ____No If "Yes", explain on a separate attached sheet.
9. Have you or any of your dependents ever had any life or health insurance declined, cancelled, not renewed or not approved as applied for? ____Yes ____No If "Yes", explain on a separate attached sheet.
10. Declaring that I am a member or the dependent spouse of a member in good standing or an employee of the American Psychological Association and that all statements and answers, front and back, are complete and true to the best of my knowledge and belief, I hereby apply for coverage as specified on the front of this form, under the APA Life Insurance. It is understood and agreed that the foregoing statements and answers are offered to Liberty Life Assurance Company of Boston as an inducement to grant insurance for which application is hereby made. It is further understood that Liberty Life Assurance Company of Boston reserves the right to request additional medical information, if necessary. Agreeing to pay the stipulated premium, I direct any such share of the divisible surplus of the Company as may be credited to the policy shall be paid to the Trustees of the APA Insurance Trust. I understand that I am applying for term insurance.

(Signature of Member)

(Date)

(Signature of Spouse)

(Date)

AUTHORIZATION LIBERTY MUTUAL INSURANCE COMPANY • LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

I AUTHORIZE any medical practitioner having any information as to the diagnosis, treatment and prognosis of any physical or mental condition of my dependents or me to give any and all such information to Liberty Mutual Insurance Company/Liberty Life Assurance Company of Boston, or both, or to its legal representatives.
I UNDERSTAND that the information obtained by use of this Authorization will be used for the purposes of evaluating any application for insurance and adjusting any claim for benefits, if insurance is provided.
I KNOW that I may request to receive a copy of this Authorization.
I AGREE that a photographic copy of this Authorization shall be as valid as the original.
I AGREE that this Authorization shall be valid for two years and one-half from the date shown below.

(Date)

Administrator, APA Group Insurance Plans
Liberty Life Assurance Company of Boston
P.O. Box 1525
Dover, New Hampshire 03821-1525

(Signature of Member) (Do not send payment with application)

(Signature of Spouse when Medical
Information of Spouse is provided)

0710

Group Life Rates* – Semi-Annual

Amount	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59
\$20,000	\$7.32	\$7.68	\$9.24	\$13.68	\$21.96	\$36.00	\$58.08	\$91.68
\$50,000	\$18.30	\$19.20	\$23.10	\$34.20	\$54.90	\$90.00	\$145.20	\$229.20
\$100,000	\$36.60	\$38.40	\$46.20	\$68.40	\$109.80	\$180.00	\$290.40	\$458.40
\$150,000	\$36.00	\$37.80	\$41.40	\$58.50	\$77.40	\$112.50	\$175.50	\$252.90
\$200,000	\$48.00	\$50.40	\$55.20	\$78.00	\$103.20	\$150.00	\$234.00	\$337.20
\$250,000	\$60.00	\$63.00	\$69.00	\$97.50	\$129.00	\$187.50	\$292.50	\$421.50
\$300,000	\$72.00	\$75.60	\$82.80	\$117.00	\$154.80	\$225.00	\$351.00	\$505.80
\$350,000	\$84.00	\$88.20	\$96.60	\$136.50	\$180.60	\$262.50	\$409.50	\$590.10
\$400,000	\$96.00	\$100.80	\$110.40	\$156.00	\$206.40	\$300.00	\$468.00	\$674.40
\$450,000	\$108.00	\$113.40	\$124.20	\$175.50	\$232.20	\$337.50	\$526.50	\$758.70
\$500,000	\$120.00	\$126.00	\$138.00	\$195.00	\$258.00	\$375.00	\$585.00	\$843.00
\$550,000	\$132.00	\$138.60	\$151.80	\$214.50	\$283.80	\$412.50	\$643.50	\$927.30
\$600,000	\$144.00	\$151.20	\$165.60	\$234.00	\$309.60	\$450.00	\$702.00	\$1,011.60
\$700,000	\$142.80	\$159.60	\$172.20	\$243.60	\$323.40	\$470.40	\$739.20	\$1,062.60
\$800,000	\$163.20	\$182.40	\$196.80	\$278.40	\$369.60	\$537.60	\$844.80	\$1,214.40
\$900,000	\$183.60	\$205.20	\$221.40	\$313.20	\$415.80	\$604.80	\$950.40	\$1,366.20
\$1,000,000	\$204.00	\$228.00	\$246.00	\$348.00	\$462.00	\$672.00	\$1,056.00	\$1,518.00

Life Insurance Amounts are available in increments of \$10,000. The minimum is \$10,000 and the maximum is \$1,000,000.

Accidental Death and Dismemberment Rates – All Ages

(For amounts from \$150,000 to \$1,000,000)

Rate Per \$1,000 – All ages

Semi-Annual \$0.21

(For amounts less than \$150,000)

Rate Per \$1,000 – All ages

Semi-Annual \$0.26

* All rates above are based upon the applicant's age at the time of enrollment and change on the November 1 nearest each birthday marking entry into a new five-year age group.
Smoker Rates available upon request.