

GROUP HOSPITAL INDEMNITY INSURANCE

The **Appraisal Institute Insurance Trust Group Hospital Indemnity Insurance plan** offers additional protection should you or a family member become hospitalized. Your current health insurance may not cover all of your hospital expenses, resulting in the rapid accumulation of your deductible, co-pays, and other non-covered expenses. While hospitalization can be a difficult time, this plan can help you rest a little easier knowing those extra expenses may be paid, protecting your savings and retirement plans.

With this plan, you'll have access to the following if you or a family member is hospitalized*:

- **Up to \$100 a day for up to 365 days for each period of confinement**
- **Payments are made directly to you**
- **Benefits begin on first day of hospitalization**
- **Benefits are doubled for confinement in an intensive care or cardiac care unit**
- **Benefits equal to 50% of your selected benefit are payable for up to 180 days if you are confined to a convalescent facility after a hospital confinement of 15 days or more**
- **Benefits are payable in addition to any other insurance you may presently have**
- **Benefits can be used however you'd like, such as:**
 - **Your hospital bill**
 - **Additional medical costs**
 - **Deductibles on your medical insurance**
 - **Meeting your family's regular, ongoing expenses while you're hospitalized**

**Certain coordination of benefits restrictions apply. Please see the complete certificate of insurance for details, including limitations and exclusions.*



**Why purchase
Group Hospital
Indemnity Insurance
through Appraisal
Institute Insurance
Trust?**



**Who Is Eligible for
This Coverage?**

Acceptance is guaranteed for all AI Professionals under age 65 who reside in the United States (except VT; certain state restrictions apply) regardless of health. Acceptance is also guaranteed for eligible spouses under age 65 and dependent children through age 25 (including legally adopted children and stepchildren). Newborns are automatically covered for 31 days from birth. If the newborn is the first child, coverage can be extended by completing the appropriate enrollment forms and paying the additional premium. All future children are then automatically covered at no additional cost.



**How Much Coverage
Can I Apply For?**

You can apply for daily benefits of \$10 to \$100 in multiples of 10 for you alone, for you and your spouse each, for you and your children, or for you and your family.



What Else Should I Know?

LIMITATIONS AND EXCLUSIONS: The maximum daily benefit for an AI Professional and dependent spouse will not exceed \$100. Benefits are not paid for confinement due to:

- Pregnancy, childbirth, or a related medical condition
- Cosmetic surgery
- Routine nursery care of a newborn child or routine baby wellness care
- Injuries resulting from declared or undeclared acts of war other than as a victim
- Service in the armed forces
- Pre-existing conditions (diagnosed or treated 12 months prior to coverage effective date)

COVERAGE EFFECTIVE DATE: Your coverage will become effective on the day of approval of your application by New York Life Insurance Company, provided you pay your premium when due. If you, or any member of your family to be covered, are hospitalized on the date the insurance would become effective, coverage for that individual will not commence until the day after their discharge from the hospital.

CONTINUATION OF COVERAGE: Your insurance will continue as long as you maintain good standing with the Appraisal Institute, you continue to pay your premiums when due, and the group policy remains in force. Your spouse and dependent children remain covered as long as they continue to meet the eligibility requirements, and you pay the appropriate premium. Coverage terminates at age 70 for AI Professionals and spouses, and at age 26 for dependent children.

PORTABLE PROTECTION: Coverage under the AI Insurance Trust Group Hospital Indemnity Insurance plan is completely portable, staying with you even if you change jobs. Your coverage continues as long as the group policy remains in effect, you maintain good standing with the Appraisal Institute, and pay your premiums when due.

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!

CERTIFICATE OF INSURANCE: This brochure is only a brief description of the principal provisions and features of the AI Insurance Trust Group Hospital Indemnity Insurance plan. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the AI Insurance Trust Group Insurance plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the plan.



How Do I Apply?

Before you request coverage, you must be a designated member, candidate, practicing affiliate, or affiliate in good standing with the Appraisal Institute. Please wait until your application with the Appraisal Institute is accepted before initiating your insurance requests.

Review the premium contribution chart and apply online by visiting us at aiinsurancetrust.org/HIP. You may fax your completed and signed application toll-free to 866.817.9009 or send it via mail to:

**Appraisal Institute Insurance Trust
Group Insurance Program Administrator
PO Box 3930
Peoria, IL 61612-9806**

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

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

Underwritten by:



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

Under Group Policy No. G-13776-4 on Policy Forms GMR-FACE/G-13776-4

Brokered and Administered by:



**PEARL[®]
INSURANCE**

1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

Appraisal Institute Insurance Trust Group Hospital Indemnity Insurance plan is underwritten by the New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under Group Policy No. G-13776-4 on Policy Forms GMR-FACE/G-13776-4.

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 800.222.9958.

California Insurance License #0F76076, AR #1322

IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request for Group Hospital Indemnity 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. 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.

¹PROTECTED 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.

²CONFIDENTIAL 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 principle features of the AI Insurance Trust Group Hospital Indemnity Insurance plan and is not a contract.

The Appraisal Institute Insurance Trust incurs certain administrative expenses in connection with this sponsored program for Appraisal Institute Professionals. To provide and maintain this valuable benefit the Trust is reimbursed for such expenses.

Not intended for residents of New Mexico

Appraisal Institute Insurance Trust Group Hospital Indemnity Insurance

Current 2017 Quarterly Premium per \$10 Daily Benefit Available up to \$100 per Day

PREMIUM CREDIT: A 10% premium credit has been approved for 2017. The premium credit is a value-added benefit of being an AI Professional. In addition to the group rate, your rates are further reduced due to the credit and represent the percentage of your premium bill that is paid to the insurance carrier by the Appraisal Institute Insurance Trust. Premium credits vary from year to year and are not guaranteed, depending on the claims experience. *Note: Rates shown do not reflect the reduced cost after premium credits are applied*

Age	Insured	Insured Spouse
Under 40	\$2.25	\$3.00
40-49	\$3.00	\$3.65
50-59	\$5.00	\$5.50
60-64	\$7.25	\$7.00

Dependent rates are \$3 for each \$10 unit of coverage for the first child, then all future children are automatically covered at no additional cost. Coverage terminates at age 70 for insured AI Professionals or spouses, and at age 26 for insured dependents.

Age means the Insured AI Professional's age, except that if insurance is continued on an insured spouse in the event of Insured AI Professional's death or dissolution of marriage, age means the insured spouse's age.

The premium contributions shown above reflect the 2017 rates and benefits structure. All premiums are based on the AI Professional's age on each January 1, and increase as he or she attains a new age class. New York Life may change premium contributions on any premium due date but not more than once in any twelve-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Benefit option amounts are subject to change by agreement between New York Life and the policyholder.