

Group 10-Year Level Term Life Insurance

Underwritten by New York Life Insurance Company



Most financial advisors recommend buying life insurance coverage equal to 10–15 times your annual income.¹

Gain peace of mind for a decade for you and your family.

Helping protect the financial future of your loved ones is critically important. With so much unpredictability in the world, having a policy to ensure they'll still have help meeting their monetary needs if something happens to you is one of the best ways to prepare for the unknown.

The American Chemical Society can help with our exclusively priced **group 10-year level term life insurance**. This policy lets you lock in coverage for an entire decade with rates that will remain level throughout the entirety of your term—regardless of changes in age or health.

Highlights include:

Spouse/domestic partner coverage²

Your significant other deserves the opportunity for financial stability just as much as you do. This policy makes it convenient for you and your spouse or domestic partner to consolidate your coverage under one umbrella.

¹Murbach, Katherine; Crowley, Tory. "How much life insurance do I need?" *Policygenius*, 2023.

²Spouse/domestic partner coverage amount cannot exceed member coverage amount

Coverage for unmarried dependent children (age 25 and under)

The level term life coverage is built for the whole family. Insuring your child can mitigate financial hardship if you face an unthinkable time.

Member-only rates made possible through group purchasing

Group purchasing allows us to offer rates that may not be available through an individual policy.

Volume discounts and non-smoker rates

You'll receive a discount on your premium for coverage amounts over \$200,000. Additionally, you may be eligible for lower rates if you haven't used a nicotine product in the past 24 months.

Portable coverage that stays with you throughout career changes³

If you have life insurance through your employer, you'll lose it if you change jobs. Not so with our policy—you can take it with you wherever you go.

QuickDecisionSM option⁴

If you apply for \$500,000 or less in coverage and meet certain eligibility criteria, you can qualify for a streamlined approval process that can provide coverage in as little as 24 hours.

³As long as you pay your premiums when due, remain an ACS member in good standing, and the group policy remains in force

⁴Most QuickDecisionSM applications can be processed without the need for follow-up; however, in certain cases a representative may need to contact you to verify information or arrange a visit with a medical professional. QuickDecisionSM is not available for residents of MT, US territories (except PR), or Quebec.

Wondering about the practical applications of 10-year level term life insurance?

Here are three scenarios for you to consider:



1

You're raising children.

If you pass away, your children will still need financial support as they grow up. 10-year level term life insurance can make sure they'll have help with things like buying their first car or affording college.

This coverage provides comfort in knowing that if something happens to you over the next decade, your children will still be able to chase their dreams.



2

You're a homeowner.

Buying a house doesn't come cheap. Most people finance the purchase through a mortgage under the assumption they'll be around to keep paying it off for years to come.

Unfortunately, that assumption isn't always accurate. But even if you're no longer around, 10-year level term life insurance can help your remaining family members keep the home they love.



3

You're young.

If you're young and healthy, you may think life insurance won't be necessary until you're older.

But if you have siblings or relatives you support, life insurance should still be a consideration. And even if you don't, you may have other debts to pay off like school loans or car payments. If you pass away, these financial obligations could fall to your loved ones.

The younger you are when you buy your insurance, the lower your rates are likely to be. You can save money in the long run by getting a 10-year policy now instead of waiting until you age into a higher rate bracket.

Who qualifies for this coverage?

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 eligibility restrictions apply

What value-added features are included in the policy?

10-Year Rates—Choose the amount of group 10-year level term life Insurance you need at rates guaranteed not to change for the next 10 years.

Member: \$100,000 to \$2,000,000 (in \$1,000 multiples)

Spouse or Domestic Partner: \$100,000 to \$2,000,000 (in \$1,000 multiples not to exceed 100% of member's coverage)

Each Unmarried Dependent Child: \$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.

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.

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 annually increasing premiums as you age. Call the Program Administrator for details.

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 if:

- The insured reaches age 75 (age 26 for dependents)
- Premiums are not paid when due
- The group policy is terminated or modified by the policyholder to end insurance for the group of insureds to which the member belongs
- You are no longer an ACS member in good standing; or
- The insured requests to terminate the insurance.

Dependent child coverage will terminate when the child is no longer an eligible dependent.

QuickDecisionSM

QuickDecisionSM—coverage up to \$500,000 may be eligible for automated underwriting, which allows the carrier to make an underwriting decision in real time. Based upon information gathered and medical questions answered online during the application process, a decision to approve your request for coverage can be delivered faster than ever before.*

*Most QuickDecisionSM applications can be processed without the need for follow-up; however, in certain cases a representative may need to contact you to verify information or to arrange a visit with a medical professional. QuickDecisionSM is not available for residents of MT, US territories (except PR), or Quebec.

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 policy Information to “you” or “member” will mean “owner,” as applicable.

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.

Manageable Payments

Rates shown are on an annual basis per \$1,000 of coverage (see the rate chart). 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.

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 of any paid premium—no questions asked!

Important Information From New York Life Insurance Company

This policy 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.

Get More Information

For More Information, or to Apply for Coverage

Complete and return the ACS Group 10-Year Level Term Life Insurance application form located on **ACSplans.com/10Life**. You may also call the ACS Program Administrator at **(800) 752-0179**. For complete details on this policy, 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 (800) 752-0179 to complete this request. If you prefer, enclose a separate piece of paper with this information together with your application.

Current 2025 Annual Premium Rates Per \$1,000 of Coverage

Male & Female Issue Age	Amounts \$100,000–\$199,000						Amounts \$200,000–\$499,000					
	PREFERRED RATE		SELECT RATE		STANDARD RATE		PREFERRED RATE		SELECT RATE		STANDARD RATE	
	M	F	M	F	M	F	M	F	M	F	M	F
28*	.69	.62	.78	.71	1.93	1.63	.46	.40	.55	.48	1.69	1.40
29	.69	.62	.78	.71	1.95	1.63	.46	.40	.55	.48	1.70	1.40
30-34	.69	.62	.78	.71	1.96	1.66	.46	.40	.55	.48	1.72	1.41
35	.69	.62	.78	.71	2.02	1.69	.46	.40	.55	.48	1.78	1.45
36	.70	.63	.81	.73	2.11	1.77	.47	.41	.58	.51	1.86	1.53
37	.72	.67	.84	.76	2.24	1.90	.48	.43	.60	.53	1.98	1.65
38	.76	.70	.87	.80	2.38	2.05	.51	.47	.64	.57	2.13	1.81
39	.80	.73	.92	.85	2.58	2.24	.53	.51	.69	.61	2.32	1.98
40	.84	.77	.97	.89	2.78	2.40	.57	.54	.74	.66	2.53	2.14
41	.88	.82	1.03	.96	3.04	2.58	.61	.59	.80	.72	2.78	2.32
42	.94	.87	1.11	1.02	3.34	2.76	.69	.64	.87	.78	3.07	2.50
43	1.00	.94	1.18	1.10	3.68	2.98	.76	.70	.94	.86	3.40	2.71
44	1.06	1.00	1.28	1.17	4.05	3.19	.83	.76	1.04	.93	3.76	2.93
45	1.16	1.05	1.38	1.25	4.43	3.43	.92	.82	1.13	1.00	4.14	3.16
46	1.26	1.12	1.49	1.31	4.87	3.68	1.00	.88	1.24	1.07	4.56	3.40
47	1.37	1.17	1.62	1.39	5.34	3.95	1.09	.93	1.38	1.15	5.03	3.66
48	1.47	1.23	1.76	1.47	5.84	4.24	1.17	.99	1.51	1.23	5.51	3.94
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

M = Male

F = Female

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

MONTANA RESIDENTS: Male rates apply to everyone regardless of gender.

The premium contributions shown reflect the current rates (as of January 1, 2025) 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.

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.

*Standard rates vary between ages 20-28. Please call the ACS Program Administrator at (800) 752-0179 if you have any questions.

Current 2025 Annual Premium Rates Per \$1,000 of Coverage

Male & Female Issue Age	Amounts \$500,000–\$2,000,000						Amounts \$501,000–\$2,000,000*	
	PREFERRED RATE		SELECT RATE		STANDARD RATE		SUPER PREFERRED RATE	
	M	F	M	F	M	F	M	F
28*	.41	.35	.51	.44	1.63	1.34	.35	.30
29	.41	.35	.51	.44	1.64	1.34	.35	.30
30-34	.41	.35	.51	.44	1.65	1.35	.35	.30
35	.41	.35	.51	.44	1.71	1.39	.35	.30
36	.42	.36	.53	.46	1.79	1.47	.36	.31
37	.44	.39	.55	.48	1.91	1.59	.37	.33
38	.46	.42	.59	.52	2.05	1.74	.39	.36
39	.48	.46	.64	.57	2.24	1.91	.41	.39
40	.52	.49	.69	.61	2.45	2.07	.44	.42
41	.57	.54	.74	.67	2.70	2.24	.48	.46
42	.64	.59	.82	.73	2.98	2.42	.54	.50
43	.71	.65	.89	.80	3.30	2.62	.60	.55
44	.78	.71	.98	.88	3.66	2.84	.66	.60
45	.86	.77	1.08	.95	4.03	3.07	.73	.65
46	.95	.83	1.18	1.02	4.45	3.30	.81	.71
47	1.03	.88	1.32	1.09	4.91	3.56	.88	.75
48	1.11	.93	1.45	1.17	5.39	3.84	.94	.79
49	1.22	.99	1.59	1.24	5.89	4.12	1.04	.84
50	1.34	1.07	1.76	1.34	6.39	4.41	1.14	.91
51	1.48	1.15	1.93	1.43	6.87	4.71	1.26	.98
52	1.65	1.26	2.12	1.54	7.35	5.02	1.40	1.07
53	1.83	1.36	2.33	1.65	7.85	5.34	1.56	1.16
54	2.03	1.48	2.55	1.78	8.41	5.66	1.73	1.26
55	2.24	1.60	2.80	1.91	9.05	6.00	1.90	1.36
56	2.46	1.71	3.07	2.05	9.76	6.30	2.09	1.45
57	2.68	1.82	3.31	2.21	10.54	6.59	2.28	1.55
58	2.95	1.93	3.64	2.39	11.41	6.90	2.51	1.64
59	3.24	2.08	3.99	2.58	12.42	7.29	2.75	1.77
60	3.59	2.26	4.42	2.78	13.61	7.81	3.05	1.92
61	3.99	2.49	4.92	3.09	14.91	8.48	3.39	2.12
62	4.46	2.77	5.50	3.40	16.31	9.28	3.79	2.35
63	4.97	3.09	6.15	3.76	17.96	10.18	4.22	2.63
64	5.55	3.42	6.88	4.14	20.02	11.20	4.72	2.91

■ = Male
■ = Female

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

MONTANA RESIDENTS: Male rates apply to everyone regardless of gender.

The premium contributions shown reflect the current rates (as of January 1, 2025) 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.

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.) A "Super Preferred" rate is available for benefits at \$501,000 and above for applications that are fully medically underwritten. Upon approval of your application, you will be notified of the rate classification for each approved person.

*Standard rates vary between ages 20-28. Please call the ACS Program Administrator at (800) 752-0179 if you have any questions.

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, LLC (“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 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, LLC, 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.

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

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 7.15 ed.

ACS Group 10-Year Level Term Life Insurance



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

Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under policy form GMR-G 29203/FACE. New York Life Insurance Company, a leading insurance company, rated A++ by A.M. Best for financial strength (10/4/2024).

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

BROKERED AND ADMINISTERED BY:



1200 E. Glen Ave., Peoria Heights, IL 61616
pearlinsurance.com

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.

Pearl Insurance Licenses:

California Insurance License #0F76076

Arkansas Insurance License #1322

Not intended for residents of New Mexico

UNDERWRITTEN BY:



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

NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.