



REAGIT Group 10-Year Level Term Life Insurance

Your life, your terms.

Underwritten by New York Life Insurance Company

Why Purchase 10-Year Level Term Life Insurance Through Real Estate Appraisers Group Insurance Trust (REAGIT)?

With REAGIT Group 10-Year Level Term Life Insurance for members of the Appraisal Institute, you can apply for up to \$750,000 of coverage for both you and your spouse, at competitive group rates guaranteed for the initial 10-year term. You'll also have access to the following benefits:

- **Portable Coverage:** Maintain your valuable REAGIT Group 10-Year Level Term Life Insurance protection throughout your career, as long as you maintain your membership, you pay your premiums when due, and the policy is still in effect.
- **Several discounts available:** Applicants meeting higher underwriting standards and who don't use tobacco or nicotine products may qualify for Preferred rates. Other non-tobacco, nicotine users may qualify for Select rates. In addition, you can benefit from volume discounts when you purchase higher coverage amounts.
- **Accelerated Death Benefit:** Enables you to apply for a portion of your benefits if you qualify as being terminally ill, subject to certain policy restrictions and limitations. These benefits are paid directly to you, and you may spend them any way you wish. (See information and rates for more details. Not available to residents of Massachusetts.)
- **Right of Conversion:** You may convert your coverage to an individual plan offered by New York Life, regardless of physical condition or history, under the conditions stated in your certificate. This right of conversion is also available to your covered dependents. Conversion must be requested within 31 days of the date you become eligible for this provision.

- **Only One Exclusion:** Suicide, within two years after a person's coverage becomes effective, is not covered. The premiums paid for the person's coverage will be returned. (Missouri residents: Benefits will not be paid for death resulting from suicide within the first two years of coverage if New York Life can show that suicide was intended at the time of application.)
- **At Death of Member:** If an insured member dies, life insurance then in force on his dependents may be continued as long as they otherwise remain eligible by timely premium payments.

How Much Coverage Can I Apply For?

To estimate a coverage level that's right for you, consider your present living expenses, your estate, and the future plans of your family. Choose a benefit level that will help protect you and your family for the next 10 years—without the worry of the benefit being lowered or your premiums going up.

You are eligible to apply for \$100,000 to \$750,000 (in multiples of \$10,000) of REAGIT Group 10-Year Level Term Life Insurance for both you and your lawful spouse if:

- You're an Appraisal Institute Member in good standing
- You and your spouse (if proposed for insurance) are under age 65
- You and your spouse are able to perform the normal activities of a person of like age
- You and your spouse reside in the United States* (except territories), Puerto Rico, or Canada (except Quebec)

* Certain state eligibility restrictions apply.

Canada residents: Pearl Insurance Group, LLC is acting solely as an administrator with respect to Canadian residents.

Each unmarried, dependent child from age 14 days through 22 years (24 for full-time students) may also be insured for either \$5,000 or \$10,000. A dependent who is also an Appraisal Institute Member is eligible for either member or dependent coverage, but not both. If both the member and spouse are covered as members, neither may insure the other as spouse and only one may insure any eligible children.

The total amount of coverage an individual may request under all Group Term Life Insurance plans underwritten by New York Life Insurance Company cannot exceed \$750,000. In addition, the total amount of coverage an individual insured may have by more than one group policy may not exceed plan maximums.

A child may not be insured for more than one \$10,000 benefit under all policies issued by New York Life Insurance Company to the Trustee of the REAGIT Life Insurance Plan.

What Other Features Are Available to Me?

Accelerated Death Benefit: Available to help terminally ill insureds and their families, this feature is designed to provide an insured one advance payment equal to 50% of their in force life insurance to be paid while that person is still alive. To qualify, the insured must be diagnosed as having a life expectancy of 24 months or less, as well as provide any other necessary medical information requested. For additional details and limitations, please see the Certificate of Insurance. Please note that receipt of 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 tax counsel. Note: This benefit is not available to residents of Massachusetts.

What Else Should I Know?

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 Insurance Company, or initial ownership is by other than the member, according to the information provided in the application, references throughout this Plan Information to “you” or “member” will mean “owner”, as applicable.

You Name Your Beneficiary: Your beneficiary is the person(s) last designated by you in writing, and recorded by or on behalf of New York Life Insurance Company. You are the automatic beneficiary for dependent insurance, as described in the Certificate of Insurance. If you wish to name

a different beneficiary for spouse coverage, contact the Plan Administrator, Pearl Insurance, at 1.800.222.9958 for the appropriate form.

Effective Date: Insurance will take effect on the date your application is approved, provided the initial premium contribution is paid within 31 days after you are billed and any person to be insured is performing the normal activities of a person of like age on the date of approval. (Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.)

Premiums are guaranteed for the initial 10 year term. At the end of a ten year period your coverage can continue on a non-guaranteed basis, or you can reapply for another 10 year period (if you are under age 65), at your then current age and based on your evidence of insurability.

When Coverage Ends: Coverage will end when the insured member or spouse reaches age 75 (23 for children or 25 if a full-time student) or earlier if: (a) the premiums are not paid when due, (b) Appraisal Institute Membership ends, (c) the group plan is terminated or modified by the Policyholder to end insurance for the group of insureds to which the member belongs, and (d) if the insured requests to terminate insurance. In addition, dependent coverage will terminate when the dependent spouse or child ceases to be an eligible dependent.

Renewal Payments and Claims: Once you are accepted into the Plan, you will have a 31-day grace period for your payment of renewal premium contributions. When you want to submit a claim, call the Plan Administrator at 1.800.222.9958 for claim forms.

Certificate of Insurance: This brochure is only a brief description of the principal provisions and features of the REAGIT Group 10-Year Level Term Life 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 REAGIT Life Insurance Plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Plan.

“30-Day Free Look”: When you become insured you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your certificate, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

REAGIT Group 10-Year Level Term Life Insurance 2011 Annual Premium Contributions for Males (annual rate per \$1,000 of insurance)

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the option chosen.

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

Member/ Spouse Issue Age	Amounts of \$100,000 – \$249,000			Amounts of \$250,000 – \$499,000			Amounts of \$500,000 – \$750,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
20-23	\$0.76	\$0.86	\$2.09	\$0.51	\$0.61	\$1.82	\$0.45	\$0.56	\$1.75
24-25	0.76	0.86	2.10	0.51	0.61	1.84	0.45	0.56	1.76
26-27	0.76	0.86	2.11	0.51	0.61	1.85	0.45	0.56	1.77
28	0.76	0.86	2.12	0.51	0.61	1.86	0.45	0.56	1.79
29	0.76	0.86	2.15	0.51	0.61	1.87	0.45	0.56	1.80
30-34	0.76	0.86	2.16	0.51	0.61	1.89	0.45	0.56	1.82
35	0.76	0.86	2.22	0.51	0.61	1.96	0.45	0.56	1.88
36	0.77	0.89	2.32	0.52	0.64	2.05	0.46	0.58	1.97
37	0.79	0.92	2.46	0.53	0.66	2.18	0.48	0.61	2.10
38	0.84	0.96	2.62	0.56	0.70	2.34	0.51	0.65	2.26
39	0.88	1.01	2.84	0.58	0.76	2.55	0.53	0.70	2.46
40	0.92	1.07	3.06	0.63	0.81	2.78	0.57	0.76	2.70
41	0.97	1.13	3.34	0.67	0.88	3.06	0.63	0.81	2.97
42	1.03	1.22	3.67	0.76	0.96	3.38	0.70	0.90	3.28
43	1.10	1.30	4.05	0.84	1.03	3.74	0.78	0.98	3.63
44	1.17	1.41	4.46	0.91	1.14	4.14	0.86	1.08	4.03
45	1.28	1.52	4.87	1.01	1.24	4.55	0.95	1.19	4.43
46	1.39	1.64	5.36	1.10	1.36	5.02	1.05	1.30	4.90
47	1.51	1.78	5.87	1.20	1.52	5.53	1.13	1.45	5.40
48	1.62	1.94	6.42	1.29	1.66	6.06	1.22	1.60	5.93
49	1.77	2.10	7.00	1.41	1.82	6.62	1.34	1.75	6.48
50	1.93	2.30	7.57	1.54	2.00	7.18	1.47	1.94	7.03
51	2.09	2.50	8.13	1.71	2.21	7.73	1.63	2.12	7.56
52	2.24	2.71	8.67	1.89	2.42	8.26	1.82	2.33	8.09
53	2.42	2.95	9.24	2.09	2.64	8.82	2.01	2.56	8.64
54	2.64	3.20	9.88	2.31	2.89	9.46	2.23	2.81	9.25
55	2.85	3.49	10.62	2.55	3.18	10.16	2.46	3.08	9.96
56	3.10	3.78	11.44	2.79	3.48	10.97	2.71	3.38	10.74
57	3.34	4.10	12.31	3.05	3.75	11.83	2.95	3.64	11.59
58	3.65	4.46	13.30	3.33	4.11	12.80	3.25	4.00	12.55
59	3.99	4.86	14.47	3.67	4.51	13.94	3.56	4.39	13.66
60	4.39	5.36	15.82	4.06	4.98	15.27	3.95	4.86	14.97
61	4.84	5.91	17.30	4.51	5.54	16.71	4.39	5.41	16.40
62	5.32	6.56	18.91	5.03	6.20	18.28	4.91	6.05	17.94
63	5.90	7.28	20.80	5.60	6.92	20.13	5.47	6.77	19.76
64	6.57	8.11	23.11	6.25	7.74	22.44	6.11	7.57	22.02

Coverage is available in \$10,000 units from \$100,000 up to \$750,000 (dependent children are eligible for either \$5,000 at Annual Rate of \$7.80, or \$10,000 at Annual Rate of \$15.60, of life insurance coverage for each child).

The premium contributions shown reflect the current annual rates and benefit structure and are payable semiannually or via monthly Pre-Authorized Check Payment Plan or credit card. Send no money now—you will be billed for the appropriate premium upon approval of your application.

Premiums are guaranteed to remain level for the first 10 years of coverage. At the end of the 10-year period, you may elect to reapply (if under 65) for a subsequent 10-year term based on your then current age, health, and tobacco/nicotine use and would be guaranteed for 10 years. If you or your spouse is not approved or you do not re-apply for 10-year level term rates—coverage will continue in force on a non-guaranteed rate basis, and which rates increase as you age. Please call the Plan Administrator, Pearl Insurance, at 1.800.222.9958 for details.

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

REAGIT Group 10-Year Level Term Life 2011 Annual Premium Contributions for Females (annual rate per \$1,000 of insurance)

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the option chosen.

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

Member/ Spouse Issue Age	Amounts of \$100,000 – \$249,000			Amounts of \$250,000 – \$499,000			Amounts of \$500,000 – \$750,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
20-27	\$0.68	\$0.78	\$1.78	\$0.44	\$0.53	\$1.53	0.39	0.48	1.46
28-29	0.68	0.78	1.79	0.44	0.53	1.54	0.39	0.48	1.47
30-34	0.68	0.78	1.83	0.44	0.53	1.55	0.39	0.48	1.49
35	0.68	0.78	1.86	0.44	0.53	1.60	0.39	0.48	1.53
36	0.69	0.80	1.95	0.45	0.56	1.68	0.40	0.51	1.62
37	0.74	0.84	2.09	0.47	0.58	1.82	0.43	0.53	1.75
38	0.77	0.88	2.26	0.52	0.63	1.99	0.46	0.57	1.91
39	0.80	0.94	2.46	0.56	0.67	2.18	0.51	0.63	2.10
40	0.85	0.98	2.64	0.59	0.73	2.35	0.54	0.67	2.28
41	0.90	1.06	2.84	0.65	0.79	2.55	0.59	0.74	2.46
42	0.96	1.12	3.04	0.70	0.86	2.75	0.65	0.80	2.66
43	1.03	1.21	3.28	0.77	0.95	2.98	0.72	0.88	2.88
44	1.10	1.29	3.51	0.84	1.02	3.22	0.78	0.97	3.12
45	1.16	1.38	3.77	0.90	1.10	3.48	0.85	1.05	3.38
46	1.23	1.44	4.05	0.97	1.18	3.74	0.91	1.12	3.63
47	1.29	1.53	4.35	1.02	1.27	4.03	0.97	1.20	3.92
48	1.35	1.62	4.66	1.09	1.35	4.33	1.02	1.29	4.22
49	1.43	1.71	4.98	1.16	1.43	4.65	1.09	1.36	4.53
50	1.52	1.83	5.31	1.23	1.54	4.97	1.18	1.47	4.85
51	1.62	1.93	5.65	1.33	1.65	5.30	1.27	1.57	5.18
52	1.74	2.05	6.01	1.45	1.77	5.65	1.39	1.69	5.52
53	1.86	2.17	6.37	1.56	1.89	6.02	1.50	1.82	5.87
54	1.99	2.31	6.74	1.71	2.04	6.37	1.63	1.96	6.23
55	2.12	2.48	7.13	1.84	2.18	6.75	1.76	2.10	6.60
56	2.24	2.64	7.47	1.96	2.34	7.10	1.88	2.26	6.93
57	2.38	2.81	7.80	2.07	2.51	7.41	2.00	2.43	7.25
58	2.50	3.01	8.15	2.21	2.72	7.76	2.12	2.63	7.59
59	2.66	3.22	8.60	2.37	2.93	8.20	2.29	2.84	8.02
60	2.86	3.50	9.20	2.56	3.15	8.78	2.49	3.06	8.59
61	3.12	3.82	9.96	2.83	3.50	9.53	2.74	3.40	9.33
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63	3.77	4.58	11.91	3.50	4.25	11.43	3.40	4.14	11.20
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Premiums are guaranteed to remain level for the first 10 years of coverage. At the end of the 10-year period, you may elect to reapply (if under 65) for

a subsequent 10-year term based on your then current age, health, and tobacco/nicotine use and would be guaranteed for 10 years. If you or your spouse is not approved—or you do not re-apply for 10-year level term rates—coverage will continue in force on a non-guaranteed rate basis, and which rates increase as you age. Please call the Plan Administrator, Pearl Insurance, at 1.800.222.9958 for details.

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

How to Apply:

Before you request coverage, you must be a member in good standing with Appraisal Institute. Please wait until your application for Appraisal Institute Membership is accepted before initiating your insurance requests. Download the application for the insurance product you are requesting. You may fax your completed and signed application toll-free to 1.866.817.9009 or send it via mail to:

REAGIT Group Insurance Program Administrator

1200 East Glen Avenue
Peoria Heights, IL 61616-5348

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

Global Insurance Agency

P.O. Box 9023918
San Juan, Puerto Rico 00902-3918

IMPORTANT INFORMATION FROM NEW YORK LIFE INSURANCE COMPANY

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. The Group 10-Year Level Term Life Insurance Plan is medically underwritten based on the information provided by you on the application. It is important that you complete the form truthfully and completely. Your request is subject to New York Life Insurance Company's approval and more medical information may be requested. A physical exam, EKG, blood test, or other information may be required. If so, we will arrange for an independent professional paramedic to contact you to perform these simple tests at your convenience, at no charge to you.

IMPORTANT NOTICE:

HOW NEW YORK LIFE OBTAINS INFORMATION AND UNDERWRITES YOUR REQUEST FOR GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

Information regarding insurability will be treated as confidential. In considering your request 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. (formerly known as Medical Information Bureau). 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 application 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.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying the Administrator 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 be come 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.

New York Life may release this information to the plan administrator, MIB, other insurance companies to whom you may apply for insurance, or to whom a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with information concerning Acquired Immune

Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. We may make a brief report to MIB; however, we will not disclose our underwriting decision. 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.

MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. When you apply for insurance or submit a claim for benefits to a MIB member company, medical or non-medical information may be given to the Bureau, which may then be furnished to member companies.

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 PERSONS have a right of access to certain CONFIDENTIAL ABUSE INFORMATION 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 or a victim of domestic abuses 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 2.09ed

The REAGIT 10-Year Level Term Life Insurance Plan is Underwritten By:



New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

For complete plan details, please contact the Plan Administrator, Pearl Insurance, at 1.800.222.9958.

Marketed and Administered by:

PEARL
INSURANCE

1200 E. Glen Ave.
Peoria Heights, IL 61616
www.reagit.com

License: CA#0F76076, AR#1322

This brochure provides a brief description of benefits and is subject to the terms, conditions, exclusions, and limitations of coverage. The plan is underwritten by New York Life Insurance Company under Group Policy GMR-G-13777-0/FACE. Additional Information is contained in the Certificate of Insurance, which is issued to the persons insured under the plan.