

and you have been insured for five or more years, you may convert to the smaller of the following:

1. the Life Insurance Benefit Amount which terminates, less the amount for which you became eligible under any policy within 31 days after this insurance terminated; or
2. \$10,000.

The insured may convert to the policy form the Insurer is issuing for the purpose of conversions. No evidence of insurability will be required.

Written application and the first premium payment for the conversion policy must be received in Our Administrative Office within 31 days after the insurance terminates.

### Termination

Your insurance under the policy will cease on the first to occur of:

1. the date the policy is cancelled;
2. the premium due date that the required premium for your coverage is not paid, subject to the grace period;
3. the first day of the month on or next following the date you attain age 70;
4. With respect to eligible members, the date you cease to be a member of PICPA;
5. With respect to eligible members, the date PICPA ceases to participate with the Policyholder;
6. With respect to eligible employees, the date You cease to be an employee of an active member of PICPA or an employee of PICPA;
7. With respect to your dependent child, the date the child attains age 21 (25 if full-time student, not married, and not in the armed forces);
8. With respect to a dependent spouse:
  - a. the date the spouse is legally separated or divorced from you;
  - b. the date he or she attains age 70; or
  - c. the date the PICPA member, employee of the active PICPA member or the employee of PICPA is no longer eligible;
9. the date We (Unimerica Insurance Company) or the Policyholder (PICPA Insurance Trust) cancel coverage for a class of persons to which you belong; or
10. the date you retire or cease to be actively at work; unless coverage is extended by the Waiver of Premium Provision or a Continuation Provision (continuation of coverage during temporary lay-off or leave of absence) of the Policy.

You must notify Us as soon as reasonably possible if you retire, cease to be actively at work, cease to be a member of the Policyholder, or cease to be an employee of an active member of the enrolling group or an employee of the enrolling group.

### Exclusions

No benefit will be paid for any loss caused directly or indirectly from suicide occurring within:

24 months after the insured's effective date of insurance. We will refund any paid premium for insurance to which this exclusion applied.

In addition no benefits will be paid for death:

1. caused or contributed to by war or act of war;
2. occurring while in the armed forces of any country;
3. caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft:
  - a) as a pilot, crewmember or student pilot; or
  - b) as a flight instructor or examiner.

We will refund the pro-rata portion of any premium paid for this benefit for an insured while he or she is in the armed forces on full-time active duty for a period of two months or more.

### How to Apply

To apply for your Term Life coverage, first consult the rate chart for the benefit amount that you want, then fill out and mail the application. Send no money now.

In some cases Unimerica Insurance Company will require a physical examination before your coverage is issued. Depending upon the amount of coverage applied for, it may be necessary for you to have a blood test and/or urinalysis, both of which can be conducted at your convenience and at no expense to you.

Once your application is approved, you will receive a certificate that shows the amount of coverage you selected, your beneficiary, and a bill from Bollinger for your first premium. Your coverage becomes effective on the first of the month following approval of your application.

### Billing Procedure

You will be billed on a quarterly basis. The billing dates are: January 1, April 1, July 1 and October 1. Insured's premiums are adjusted for an age bracket change effective with the July 1 quarterly billing. Therefore, if your attained age on or before June 30 places you in a new age bracket, your July quarterly billing will be adjusted.

### Administered By



400 Market Street, Suite 450  
Philadelphia, PA 19106

Phone: (215) 351-4700  
1-800-952-4050  
Fax: (215) 351-9012

[www.bollingeraffinity.com/picpa](http://www.bollingeraffinity.com/picpa)

This brochure is for purposes of illustration only. The Group Master Policy has been issued to the PICPA Insurance Trust and underwritten on Policy Form ALI-3001-A by Unimerica Insurance Company.

The complete listing of your coverage including exclusions and limitations can be found in the group policy/certificate. If differences exist between this summary and the policy/certificate, the policy/certificate will govern.



*Coverage described in this brochure underwritten by:*

**Unimerica Insurance Company**

Home Office:  
10701 West Research Drive, Milwaukee, WI 53226

Association Administrative Address:  
P.O. Box 17828, Portland, ME 04112-8828

## Term Life Insurance

## Life Insurance Protection for You and Your Family



**PICPA**  
*Experience the value!™*  
**Pennsylvania Institute of Certified Public Accountants**

**Life Insurance benefits contribute to financial well-being for you and your family. Life insurance helps protect your family from the added stress of lost income in the event of your premature death. For example, life insurance proceeds can help replace your income, cover major household expenses and take care of final burial expenses.**

**Unimerica’s Term Life Insurance program provides you with:**

- 1** Benefit choices from \$20,000 to \$500,000
- 2** Optional coverage for spouses
- 3** An optional Survivor Income Benefit
- 4** An optional Accidental Death and Dismemberment Benefit

**Choice of Benefit Amounts**

You can apply for coverage which can pay benefit amounts from \$20,000 to \$500,000 in \$10,000 increments. You choose the coverage that’s right for you. As your needs change, you have the flexibility to apply for a change in your coverage.

**Who Can Apply**

You can apply for this coverage if you are an active member, employee of an active member or an employee of PICPA who:

1. works at least 1,000 hours per year;
2. resides in the United States;
3. is under Age 60; and
4. if an employee, have completed your employer’s Active Service Requirement.

If you are an active member, employee of an active member or an employee of PICPA participating in this program your spouse and dependent children can also be covered if they reside in the United States. Spouses must be under age 60; children must be unmarried, at least 15 days old and under the age of 21 (25 if full-time student).

Spouses are eligible for benefit amounts from \$20,000 to \$500,000, not to exceed your amount.

Dependent children age 15 days to 6 months can be covered for \$1,000. Children ages 6 months to 25 years can be covered for \$10,000.

**Guaranteed Amounts**

Members applying within 90 days of being notified of their PICPA membership may apply for the following guaranteed amount without medical evidence of insurability.

Age	Guaranteed Amounts
up to age 60	\$100,000

Employees of firms with 5 or more eligible applicants: up to \$50,000 guaranteed issue with 100% participation.

**Waiver of Premium**

If you become totally disabled before age 60, your premium will be waived for as long as your total disability continues or until age 70, whichever occurs first. This waiver of premium becomes effective after six months of total disability. Proof of disability should be provided within 12 months of date of disability.

**Optional Accidental Death and Dismemberment Benefit**

This optional benefit provides you or your beneficiary with payment(s) according to the Schedule of Losses below in the event that you suffer an accidental loss. The loss must occur within 365 days of the accident.

The Optional AD&D benefit is available to active PICPA members, employees of active PICPA members and employees of PICPA. It is also available to spouses provided the member and/or employee has elected Life coverage.

Schedule of Losses	
LOSS	AMOUNT PAYABLE
Life .....	The Principal Sum
Both Hands or Both Feet.....	The Principal Sum
Sight of Both Eyes .....	The Principal Sum
One Hand & One Foot.....	The Principal Sum
One Hand or One Foot & Sight of One Eye .....	The Principal Sum
Speech and Hearing .....	The Principal Sum
One Hand or One Foot .....	1/2 The Principal Sum
Sight of One Eye.....	1/2 The Principal Sum
One Leg or One Arm.....	1/2 The Principal Sum
Speech or Hearing.....	1/2 The Principal Sum
Thumb & Index Finger of Same Hand.....	1/4 The Principal Sum

The principal sum available is from \$20,000 to \$500,000 but cannot exceed the amount of life insurance selected.

**Optional Survivor Monthly Income Benefit**

This optional benefit is designed to help offset financial difficulties which may be experienced by a family (surviving spouse and/or children) after the death of an insured. You can provide for your family by choosing to have a monthly benefit of \$500 or \$1,000 paid to the beneficiary(ies) for a period of five or ten years in addition to the level death benefit. If death occurs after age 60, the Survivor Monthly Income Benefit amount decreases by 10% of the original amount each year until age 64, and then remains level to Age 70. This will provide your family with a continued income for a fixed period of time.

**Term Life Insurance Rates**

**Quarterly Rates per \$1,000 of Coverage**

ATTAINED AGE	OF \$20,000 - \$149,000	OF \$150,000 - \$399,000	OF \$400,000 - \$500,000
Under 30	\$ .21	\$ .19	\$ .18
30 - 34	.23	.21	.20
35 - 39	.30	.27	.26
40 - 44	.61	.55	.52
45 - 49	1.05	.95	.90
50 - 54	1.72	1.55	1.47
55 - 59	2.66	2.39	2.27
60 - 64*	4.01	3.61	3.43
65 - 69*	6.09	5.48	5.21

**Children’s Coverage and Rates**

AGE	COVERAGE AVAILABLE	QUARTERLY RATES
15 days to 6 months	\$ 1,000.00	\$6.00
6 months to 25 years	\$10,000.00	

\$6.00 quarterly rate covers all children.

\*Renewal Premiums Only

The policy expires on the first day of the month on or following the attainment of age 70.

**Conversion Privilege**

If your insurance terminates or reduces for any reason other than:

1. termination or amendment of the Policy;
2. termination of a class of persons under the Policy; or
3. voluntary non-payment of premium;

you may convert the Life Insurance Benefit Amount, or the amount lost due to a reduction, to a conversion policy of life insurance, other than term insurance.

If your insurance:

1. terminates or reduces due to termination or amendment of the Policy; or
2. terminates due to termination of a class of persons under the Policy;

*Continued on back*

**Rates For Optional Survivor Income Benefit**

**Quarterly Standard Rates**

AGE GROUP	5 YEARS		10 YEARS	
	Plan 1 \$500/Mth. Benefit	Plan 2 \$1000/Mth. Benefit	Plan 3 \$500/Mth. Benefit	Plan 4 \$1000/Mth. Benefit
Under 30	\$ 7.54	\$ 15.07	\$ 13.13	\$ 26.25
30 - 34	8.06	16.11	14.03	28.06
35 - 39	11.18	22.35	19.46	38.92
40 - 44	18.98	37.95	33.04	66.08
45 - 49	30.80	61.60	53.64	107.27
50 - 54	46.40	92.79	80.79	161.58
55 - 59	70.31	140.61	122.43	244.86
60 - 64*	84.42	168.84	147.01	294.02
65 - 69*	103.09	206.17	179.51	359.01

\*These rates apply to renewals only.

**Rates For Optional Accidental Death & Dismemberment Benefit**

**Quarterly Rate**

\$ .12/\$1,000 – Minimum Coverage of \$20,000