

ECIP

*Employee
Critical
Illness plus*

Specified Disease Insurance

Financial Protection for the Unexpected



- Includes Cancer Benefit
- Initial Occurrence
- Additional Occurrence
- Second Event Benefit
- Health Screening Benefit
- Spouse and Children Coverage Available

*Protection for the
Unexpected!*



THIS IS A LIMITED BENEFIT POLICY

Approved for use in: NY

LIFE INSURANCE COMPANY OF BOSTON & NEW YORK - 4300 Camp Road - PO Box 331 • Athol Springs, NY 14010

THE FACTS – ACCORDING TO MEDICAL STATISTICS

- Over 1.6 million new cancer cases are expected to be diagnosed in 2012. ¹
- Cancer survival rates continue to improve. The 5-year survival rate for all cancers diagnosed between 2001 and 2007 is now 67%. However cancer is the second most common cause of death in the US, accounting for nearly 1 in every 4 deaths. ¹
- Each year, 785,000 Americans will have a new coronary attack, 470,000 will have a recurrent attack. ²
- On average, someone in the US has a stroke every 40 seconds. ²

¹ Cancer Facts & Figures 2012 - American Cancer Society

² Heart and Stroke Statistical Update - 2012 American Heart Association

ELIGIBILITY

INDIVIDUAL ELIGIBILITY – Individuals between the ages of 18 to 69 and working a minimum of 20 hours a week are eligible to apply for this coverage.

SPOUSE COVERAGE AVAILABLE – You may elect to also apply for coverage for your spouse. Eligible ages are 18 to 69. Your spouse is eligible to apply for amounts up to 50% of your benefit amount. If you do not meet the underwriting requirements, your spouse may still be eligible to apply for the coverage. Spouse means the person recognized as your husband or wife under the laws of the state.

CHILDREN COVERAGE AVAILABLE – You may also apply for coverage for your Children. The benefit amount for each eligible Child is 50% of your benefit amount. All Eligible Children are included in the Children's rate. To be eligible, your child must be under the age of 26. Children coverage also includes your children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, or mental retardation as defined in the mental hygiene law, or physical handicap and who become so incapable prior to the age at which dependent coverage would otherwise terminate.

EFFECTIVE DATE OF COVERAGE – Your effective date will be shown in the Policy. The Policy contains a 30 day waiting period. The 30 day waiting period will count from the date you sign the application, provided coverage is issued and premiums are paid.

PORTABILITY – This coverage is fully portable. You can take this coverage with you even if you change jobs or employers. Your premium will be at the same premium rate which other insureds are paying for the same coverage.

PLAN BENEFITS

BENEFIT AMOUNTS – The available employee benefit amounts are \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000.

INITIAL OCCURRENCE BENEFIT – We will pay the benefit amount issued upon diagnosis of a covered Specified Disease. The date of diagnosis must be after the 30 day waiting period. Your coverage must be in force on the date the diagnosis is made. The maximum benefit amount is only paid once per Covered Specified Disease per insured person.

ADDITIONAL OCCURRENCE BENEFIT – If you collect a benefit for a covered Specified Disease and are later diagnosed with one of the other covered Specified Diseases, you may be eligible for an additional benefit. The date of the new diagnosis must be separated from the prior unrelated Specified Disease by at least 60 days.

SECOND EVENT SPECIFIED DISEASE BENEFIT RIDER (LOBCI-SE 12/12 NY)

If you have collected a benefit for a Specified Disease, you may be eligible to collect a second benefit for the same Specified Disease subject to the following:

- The second date of diagnosis must be more than 12 months after the first date of diagnosis for which benefits were paid,
- You have not received Treatment for a 12 month period following the first date of diagnosis for which benefits were paid and,
- The Second Event benefit is only payable once for each Specified Disease.

Covered Specified Diseases	% of Maximum Benefit
1. Cancer –	
Invasive Cancer	100%
Carcinoma in situ	30%*
Skin Cancer	\$300 one-time (lifetime)
2. Myocardial Infarction (Heart Attack)	100%
Coronary Artery Bypass Surgery	30%*
3. Stroke (Apoplexy or Cerebral Vascular Accident)	100%
4. Major Organ Transplant	100%
5. ALS (Lou Gehrig's Disease)	100%
6. Alzheimer's Disease	100%
7. End Stage Renal Disease	100%



* A partial benefit is paid for Coronary Artery Bypass and Carcinoma in situ. The face amount for Heart Attack will be reduced by 30% upon payment of a Coronary Artery Bypass Surgery benefit, and the Face Amount for Cancer will be reduced by 30% upon the payment of a Carcinoma in situ benefit.

Covered Specified Diseases are subject to the definitions in the policy.

ECIP *Employee Critical Illness plus* Tobacco/No Tobacco Premium Rates

RATES INCLUDE THE FOLLOWING: Covered Specified Diseases including Cancer, Pre-Existing Condition Exclusion, Second Event Rider and the \$50 Health Screening Benefit Rider. Your spouse is eligible to apply for benefit amounts up to 50% of your benefit amount. If you apply for Children coverage, the Children benefit amount you select must be 50% of the employee benefit amount.

Employee Non-Tobacco Rates

Face Purchase – Weekly Premiums

Issue Ages	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
18 - 29	\$1.17	\$2.04	\$2.90	\$3.76	\$4.63
30 - 39	\$1.88	\$3.46	\$5.03	\$6.60	\$8.18
40 - 49	\$3.41	\$6.50	\$9.60	\$12.70	\$15.79
50 - 59	\$5.85	\$11.38	\$16.91	\$22.45	\$27.99
60 - 69	\$8.64	\$16.97	\$25.29	\$33.62	\$41.95

Employee Tobacco Rates

Face Purchase – Weekly Premiums

Issue Ages	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
18 - 29	\$1.63	\$2.95	\$4.27	\$5.59	\$6.91
30 - 39	\$3.00	\$5.69	\$8.38	\$11.07	\$13.76
40 - 49	\$5.85	\$11.38	\$16.91	\$22.45	\$27.99
50 - 59	\$10.77	\$21.23	\$31.68	\$42.14	\$52.60
60 - 69	\$16.91	\$33.51	\$50.12	\$66.72	\$83.32

Spouse Non-Tobacco Rates

Face Purchase – Weekly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
18 - 29	\$0.74	\$1.17	\$1.61	\$2.04	\$2.47
30 - 39	\$1.10	\$1.88	\$2.67	\$3.46	\$4.24
40 - 49	\$1.86	\$3.41	\$4.95	\$6.50	\$8.05
50 - 59	\$3.08	\$5.85	\$8.61	\$11.38	\$14.15
60 - 69	\$4.47	\$8.64	\$12.80	\$16.97	\$21.13

Spouse Tobacco Rates

Face Purchase – Weekly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
18 - 29	\$0.97	\$1.63	\$2.29	\$2.95	\$3.61
30 - 39	\$1.65	\$3.00	\$4.35	\$5.69	\$7.04
40 - 49	\$3.08	\$5.85	\$8.61	\$11.38	\$14.15
50 - 59	\$5.54	\$10.77	\$16.00	\$21.23	\$26.46
60 - 69	\$8.61	\$16.91	\$25.21	\$33.51	\$41.82

Dependent Children Rates

Face Purchase – Weekly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
All	\$0.15	\$0.30	\$0.46	\$0.61	\$0.76

Health Screening Benefits - (LOBHS - Rider 11/11 NY)

We will pay a \$50 benefit if an insured has any one of the covered screening tests after the 30 day waiting period. This benefit is paid only once per calendar year, regardless of the number of tests. Payment of this benefit will not reduce the amount payable for the diagnosis of a covered specified disease. There is no limit to the number of years the insured can receive the health screening benefit. This benefit is payable for you (*and your spouse if spouse coverage is included*). This benefit is not paid for dependent children. The covered health screening tests include:

Health Screening Test is defined as:

1. Stress test on a bicycle or treadmill
2. Fasting blood glucose test
3. Blood test for triglycerides
4. Serum cholesterol test to determine level of HDL & LDL
5. Bone marrow testing
6. Breast ultrasound
7. CA 15-3 (*blood test for breast cancer*)
8. CA 125 (*blood test for ovarian cancer*)
9. CEA (*blood test for colon cancer*)
10. Chest X-ray
11. Colonoscopy
12. Flexible sigmoidoscopy
13. Hemocult stool analysis
14. Mammography
15. Pap smear
16. PSA (*blood test for prostate cancer*)
17. Serum Protein Electrophoresis (*blood test for myeloma*)
18. Thermography

LIMITATIONS & EXCLUSIONS

WAITING PERIOD

This coverage contains a 30 day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed during the Waiting Period. The Waiting Period starts on the Application Date. The Waiting Period is shown on the Policy Schedule Page. If an Insured is first diagnosed during the Waiting Period, we will void the Policy from the beginning and provide a full refund of premium.

PRE-EXISTING CONDITIONS LIMITATION

This coverage contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Disease claim during the first 180 days, starting from the Application Date, no benefits will be payable for that claim.

A Pre-existing Condition means a condition for which medical advice was given or treatment was recommended by, or received from, a licensed health care provider within 180 days before the Application date.

We will not pay benefits for loss resulting from a Pre-existing Condition during the Pre-existing Condition Period. A claim for benefits for loss starting after the Pre-existing Condition Period will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition. A condition will no longer be considered Pre-existing at the end of the Pre-existing Condition Period.

There are no benefits payable for any Specified Disease where the date of diagnosis is prior to the Effective Date of this policy or diagnosed during the 30 day waiting period.

EXCLUSIONS We won't pay for a loss due to:

1. Intentionally self inflicted Injury or action while sane or insane.
2. Suicide or attempted suicide while sane or insane.

SKIN CANCER

This benefit is payable only once during the lifetime of the policy for each Insured person.

NEW YORK NOTICE: New York law requires that You be covered under at least major medical insurance, or at least basic hospital insurance and basic medical insurance, in order for You to be covered under this Specified Disease Policy. If You are not covered under at least major medical insurance or at least basic hospital insurance and basic medical insurance on this Policy's Effective Date, We will void Your coverage and refund any Premium paid.

This coverage is guaranteed renewable for life subject to our right to change premiums by class upon any renewal date.

This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

New York Compensation Disclosure

The individual presenting this insurance coverage is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

Underwritten by:



LIFE INSURANCE COMPANY OF BOSTON & NEW YORK

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FOR CLAIMS CALL TOLL FREE: 1-877-274-1958 • FOR CUSTOMER SERVICE CALL TOLL FREE: 1-877-624-2249

This brochure provides a general description of the important features of the policy. This brochure is not the insurance contract and only the actual policy provisions will control.