

NEW YORK LIFE INSURANCE COMPANY
 51 MADISON AVENUE
 NEW YORK, NY 10010



**INDIVIDUAL
 SCHEDULE OF BENEFITS
 LONG TERM DISABILITY**

DATE PREPARED: 06/01/2018

POLICYHOLDER: American Optometric Association

POLICY NUMBER: G-29336-1

ORIGINAL ISSUE DATE*: 06/01/2018

BENEFIT AMOUNT FOR COVERED PERSON: \$1,000.00 PER MONTH

Insured: 2018 Graduate Member:

BENEFIT	OPTION OF INSURANCE	EFFECTIVE DATE
12 Month Long-Term Disability Plan (Recent Graduate Member Offer)	\$1,000.00 per month benefit	06/01/2018

* Coverage terminates 12 months after the stated Original Issue Date

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 GMR-FACE/G-29336-1