

FIRST REHAB LIFE'S DBL AND ENRICHED OPTIONS

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new AD&D RIDER

DEATH BENEFIT RATE³

\$25,000 \$1.00

\$50,000 \$2.00

(Rates are monthly per employee for groups of any size.)

The benefit amount for covered dismemberments is 50% of the death benefit.

STATUTORY DBL

Statutory short-term disability insurance as mandated by the State of New York.

EMPLOYEE	STATUTORY DBL billed annually in advance ¹		STATUTORY DBL billed quarterly ²	
	monthly rate	annual premium	monthly rate	annual premium
male	\$2.05	\$24.60	\$2.50	\$30.00
female	\$4.45	\$53.40	\$5.30	\$63.60
	IN-HOSPITAL DBL		IN-HOSPITAL DBL	
male	\$2.25	\$27.00	\$2.65	\$31.80
female	\$4.85	\$58.20	\$5.85	\$70.20

Adding in-hospital coverage may increase the maximum benefit to \$340/week⁴

2-TIMES DBL

2-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$340/week.

EMPLOYEE	2-TIMES DBL billed annually in advance ¹		2-TIMES DBL billed quarterly ²	
	monthly rate	annual premium	monthly rate	annual premium
male	\$3.15	\$37.80	\$3.85	\$46.20
female	\$6.90	\$82.80	\$8.25	\$99.00
	2X & IN-HOSPITAL		2X & IN-HOSPITAL	
male	\$3.40	\$40.80	\$4.05	\$48.60
female	\$7.35	\$88.20	\$8.80	\$105.60

Adding in-hospital coverage may increase the maximum benefit to \$510/week⁴

new 4-TIMES DBL

4-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$680/week.

EMPLOYEE	4-TIMES DBL billed annually in advance ¹		4-TIMES DBL billed quarterly ²	
	monthly rate	annual premium	monthly rate	annual premium
male	\$7.90	\$94.80	\$9.65	\$115.80
female	\$17.35	\$208.20	\$20.65	\$247.80
	4X & IN-HOSPITAL		4X & IN-HOSPITAL	
male	\$8.75	\$105.00	\$9.85	\$118.20
female	\$17.85	\$214.20	\$21.25	\$255.00

Adding in-hospital coverage may increase the maximum benefit to \$850/week⁴

1.5-TIMES DBL

1.5-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$255/week.

EMPLOYEE	1.5-TIMES DBL billed annually in advance ¹		1.5-TIMES DBL billed quarterly ²	
	monthly rate	annual premium	monthly rate	annual premium
male	\$2.80	\$33.60	\$3.35	\$40.20
female	\$5.90	\$70.80	\$7.15	\$85.80
	1.5X & IN-HOSPITAL		1.5X & IN-HOSPITAL	
male	\$3.00	\$36.00	\$3.50	\$42.00
female	\$6.45	\$77.40	\$7.70	\$92.40

Adding in-hospital coverage may increase the maximum benefit to \$425/week⁴

3-TIMES DBL

3-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$510/week.

EMPLOYEE	3-TIMES DBL billed annually in advance ¹		3-TIMES DBL billed quarterly ²	
	monthly rate	annual premium	monthly rate	annual premium
male	\$4.05	\$48.60	\$4.95	\$59.40
female	\$8.90	\$106.80	\$10.60	\$127.20
	3X & IN-HOSPITAL		3X & IN-HOSPITAL	
male	\$4.30	\$51.60	\$5.15	\$61.80
female	\$9.40	\$112.80	\$11.20	\$134.40

Adding in-hospital coverage may increase the maximum benefit to \$680/week⁴

new 5-TIMES DBL

5-times DBL pays 50% of salary (just like Statutory DBL) to a maximum benefit of \$850/week.

EMPLOYEE	5-TIMES DBL billed annually in advance ¹		5-TIMES DBL billed quarterly ²	
	monthly rate	annual premium	monthly rate	annual premium
male	\$10.15	\$121.80	\$12.40	\$148.80
female	\$22.30	\$267.60	\$26.55	\$318.60
	5X & IN-HOSPITAL		5X & IN-HOSPITAL	
male	\$11.25	\$135.00	\$12.60	\$151.20
female	\$22.80	\$273.60	\$27.15	\$325.80

Adding in-hospital coverage may increase the maximum benefit to \$1020/week⁴

¹ monthly per capita rates with an annual minimum premium of \$125 | ² monthly per capita rates with a quarterly minimum premium of \$35 | ³ The AD&D premium is not included in the DBL premium. For policies with minimum premium, the AD&D is in addition to the minimum premium. | ⁴ The In-Hospital benefit is only payable while an employee is hospital-confined. | All benefit calculations are based on \$340 covered payroll per week. | Proprietors/partners and voluntary insureds (with at least one employee) may also apply for coverage at the time of initial application or on the policy anniversary at the above male/female rates.

This material is for producer (agent and broker) use only. It is not intended for the general public. The information in this material is for illustrative purposes only, providing a general overview of the services described. It is not a contract. Available in NY only. Policies are subject to Underwriting approval. All coverage extends up to policy limits. Policies are reviewed annually and may be cancelled for nonpayment. Please refer to the policy for coverage details, a complete listing of covered services, policy provisions, conditions, exclusions, and terms under which the policy may be continued or cancelled. In the event of conflicting information with the policy, the policy will take precedence over what is shown in this material. Claims are subject to processing; benefit amount depends on wages. Policies have a statutory 7-day waiting period. AD&D is only available as a rider to a DBL policy.

For covered dismemberments please refer to the AD&D Rider of the DBL policy (DB D). • Mktg# 10-42 | DBL-RC-NY-G5 08/10 • Policy Form# DBL, DB-E, DB-H, DB D

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Group Products (availability may vary by state): NY DBL • NJ TDB • Short-Term Disability • Long-Term Disability • Dental • Vision • Term Life with AD&D