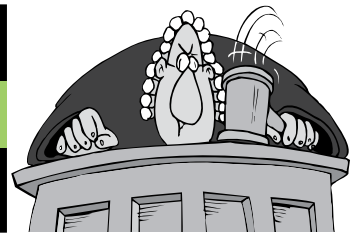


# BENCH

P R E S S



A newsletter for ABA/ABE members Summer 2009

## ABE-Sponsored Insurance Plans — Tom's Story

I purchased life insurance coverage through the ABE for myself and my wife in 1972. Two years later I added Hospital Indemnity Protection, and have now been an ABE-insured for almost 40 years. I can attest to the valuable insurance protection I receive along with the added opportunity to give back to the good works of the legal profession. Juanita Thompkins, my Personal Insurance Representative, always answers all of my ABE-sponsored insurance questions and even provides personalized rate quotes over the phone. I would recommend ABE-sponsored insurance to anyone who is looking for valuable insurance protection against the unexpected.

### Tom Gherardi

ABA member since 1967

ABE-insured since 1972

Do you have an ABE story? Tell us about it! Call or write us today!

## Meet Your American Bar Endowment Staff



Nancy Canning

As a Senior Personal Insurance Representative, Nancy has over 20 years of experience providing ABA members personal care when they call to discuss ABE-sponsored insurance. Asked what her day mostly consists of, she said, "Helping our wonderful members, of course!"

If you have any questions regarding your ABE-sponsored insurance plan options exclusively for ABA members, feel free to call Nancy at 800-621-8981 ext. 6420 or email:

[ncanning@abendowment.org](mailto:ncanning@abendowment.org).

## A Safety Net for Healthcare Expenses Excess Major Medical Expense Insurance

As the debate regarding health care costs in the United States continues, the America Bar Endowment reminds members that it sponsors quality, affordable insurance from trusted insurers, including two Excess Major Medical Expense Plans to help insure ABA members against an unexpected medical catastrophe.

Plan I coverage is high deductible plan designed for members who do not have basic health insurance and are willing to self-insure up to their chosen deductible. This plan provides up to \$2,000,000 in health insurance coverage—covering you for catastrophic medical expenses.

Plan II coverage is designed to supplement your basic major health insurance plan. This high deductible coverage provides up to \$2,000,000 in added insurance protection—covering you for catastrophic medical expenses after your basic health care plan limits have been reached, or if you choose to receive out-of-network care.

Considering the way hospital and surgical costs are increasing while health care plan benefits have been reducing (even law firm health care plans), you could be facing financial risk if you don't have catastrophic protection. This Excess Major Medical Expense coverage could be an important safety net for you and your family; one you should not be without.

In addition, if you are insured under the ABE-sponsored Hospital Indemnity Plan (HIP), you can collect benefits under the ABE-sponsored Excess Major Medical Plan in addition to the benefits you receive from your HIP coverage!

For more information on this valuable insurance protection, exclusively for ABA members, visit [www.abendowment.org/emmbp.asp](http://www.abendowment.org/emmbp.asp) or call (800) 621-8981.

Underwritten by The United States Life Insurance Company in the City of New York.

## Donating Dividends—A win-win for members!

Approximately 85% of ABE-insured members donate annual dividends, and “win” in two ways:

1

Help fund more than 200 law-related research, public service and educational programs of the ABA Fund for Justice and Education (FJE) and the American Bar Foundation (ABF).

&

2

Eligible for a charitable contribution deduction on annual income tax returns.

Thank you to all insured members who donate their dividends! This support is vital to the success of the law-related projects of the FJE and ABF. For more information about the projects these grants support, please call the FJE at 312-988-5404 or the ABF at 312-988-6500.

## Your Donations Make a Difference— After the JD, Wave II: Seven Years into a Lawyer's Career

The deep economic recession of 2008-09 has brought into sharp relief issues related to lawyers' career paths. In recent months, lawyers and new law graduates have witnessed layoffs and hiring freezes of unprecedented frequency and scale as firms attempt to pare costs and tailor their workforces to reduced volumes of business. The once-clear path toward partnership, already in recent years becoming a less definite goal, has all but evaporated, as lawyers move between work settings with increasing frequency. The turmoil in today's legal market is amplifying some career path trends that had already developed, while creating great uncertainty about the future.

Though changes continue apace, American Bar Foundation researchers are well poised to offer insights into the landscape of lawyer career trajectories. Since 2000 a team, including ABF Director Robert L. Nelson, ABF Research Fellow and University of Toronto professor Ronit Dinovitzer, Dean of Southwestern Law School and ABF Director Emeritus Bryant G. Garth, University of Denver law professor Joyce Sterling, and Harvard law professor David Wilkins have tracked young lawyers' careers through the “After the JD” (AJD) project, **funded in part by generous grants from ABE**. The wealth of information gleaned from surveys of a representative sample of over 4,000 lawyers in 2002, 2007 and (to come) 2012 is providing a large-scale view of lawyer career trajectories as well as an in-depth portrait of the careers of women and minority lawyers. As chance would have it, the AJD project also provides a recent historical snapshot of lawyers' career paths in the years immediately preceding today's extreme volatility. Data gathered in 2012, the final year of the study, will doubtless provide a fascinating picture of the impact of the current economic crisis on young lawyers' careers.

In Boston, Massachusetts, at the February 2009 Mid Year Meeting of the Fellows of the American Bar Foundation, Nelson, Sterling, Dinovitzer and Wilkins, along with several guest commentators, presented findings from the project in the Fellows Research Seminar titled, “New Results from After the JD, Wave II: Seven Years into a Lawyer's Career.”

## ABE-sponsored Insurance and Charitable Giving Plans

- Group Term Life
- Group Hospital Indemnity
- Group Accidental Death & Dismemberment
- Disability Income
- Group Office Overhead
- Excess Major Medical
- Retirement Contribution Disability
- Charitable Gift Fund (Donor-Advised Fund)

### ABE Vision

Making a difference by funding programs that advance the American justice system and the rule of law.

### ABE Mission

To generate funds for the support of law-related public service, educational, and research programs by building and sustaining the Legal Legacy Fund and by sponsoring insurance and other programs for the legal profession that encourage charitable giving.



Dear Member:

At the American Bar Endowment, we are determined to make your experience with us a great one. We are constantly looking for ways to improve our relationship with members, and that's why we need your help. We'd like you to tell us how we're doing.

Please take a moment to complete and return the attached survey in your billing envelope, or fax it to us at (312) 988-6401.

Thank you for your participation in one of the only insurance programs that allows you to provide quality insurance protection for yourself and your family, and also to give back to the public service activities of the Bar.

Renee Z. Leskiw  
Executive Director



**Insurance  
EXCLUSIVELY  
for ABA Members**

### Member Survey

1. What coverage do you currently have through ABE?  
(check all that apply)

- Group Term Life
- Disability
- Retirement Contribution Disability
- Excess Major Medical
- Group Accidental Death & Dismemberment
- Group Hospital Indemnity
- Group Office Overhead Expense

2. Do you feel the plan(s) sufficiently meet(s) your needs?

- Yes  No

If not, what changes would you recommend to better meet your needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3a. Are you aware of our Automatic Payment Plan — a way to make premium payments directly from your checking account?

- Yes  No

b. If No, would you like to receive more information about the plan:

- Yes  No

4. Overall, how would you rate the billing format as far as readability and clear instruction:

- Superior  Very good  Good  Fair  Poor

5a. Would you like information sent to you regarding the ABE CGF, insurance plans, or increasing your current insurance coverage?

- Yes (complete the address section below)
- No

b. If Yes, please indicate the plan(s) for which you would like more information\*:

- |                                                              |                          |                          |
|--------------------------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Charitable Gift Fund                |                          |                          |
|                                                              | New                      | Increase                 |
| <input type="checkbox"/> Group Term Life†                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Disability‡                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Excess Major Medical‡               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Group Accidental Death†             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Group Hospital Indemnity†           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Group Office Overhead Expense†      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Retirement Contribution Disability† | <input type="checkbox"/> | <input type="checkbox"/> |

Have you changed:  Address  Phone number

Date: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Would you like to receive the following via e-mail?  
(Please be sure to update your e-mail address above.)

- Quarterly Newsletter  Weekly health tip
- New plan/rate information  GiftLaw e-mail

\*Including plan features, costs, eligibility, renewability, limitations and exclusions. †Underwritten by New York Life Insurance Co., 51 Madison Ave., New York, NY 10010 on Policy Form GMR. ‡Underwritten by The United States Life Insurance Company in the City of New York. Plans may vary and may not be available in all states.