



FAMILY MATTERS. NO MATTER WHAT.®

## Basic Life and Accidental Death & Dismemberment (AD&D) Benefit Summary

*Designed for the Employees of*

**TOWN OF SWAMPSCOTT**

### ELIGIBILITY & BENEFIT FEATURES

**Class 1: Active Employees**

**Basic Life and AD&D:** \$5,000

### COST OF COVERAGE

The premium for your coverage is paid by you and your employer.

### GUARANTEED ISSUE

No medical questions are required for amounts up to **\$5,000** for first time applicants in their initial eligibility period.

### REDUCTIONS IN BENEFITS

Your benefit amount will reduce upon retirement to **\$2,000**.

*\* All insurance benefits shall terminate upon the employee's termination of employment.*

### ADDITIONAL FEATURES

**Accidental Death & Dismemberment:** Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. An additional death benefit is paid if death is the result of a covered accident.

**Portability:** If you leave your employer prior to age **60**, the coverage is portable for you, your spouse under age **60** and all eligible dependent children. You may elect to exercise this option in accordance with the provisions as defined by the policy. The coverage would not include Waiver of Premium or AD&D.

**Conversion:** Employees have 31 days from the date of termination to convert their basic life insurance to an individual permanent life insurance policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium or AD&D.

**Waiver of Premium:** If you become totally disabled prior to age 60 and remain totally disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums subject to the provisions of the contract.

**Also Included:** Education Benefit, Seat Belt Benefit, and Repatriation of Remains Benefit.

### EXCLUSIONS

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries; suicide or attempted suicide; riot or war; diseases; ptomaine or bacterial infection; drug and/or alcohol abuse; commission of an assault or felony by an employee; accident while serving on active duty; travel or flight in any aircraft or device which can fly above the earth's surface (*does not apply to commercial flights*); or injury which occurred before the employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

*This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.*



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## Voluntary Term Life and Accidental Death & Dismemberment Benefit Summary (Issue Age Pricing)

Designed for the Employees of

**TOWN OF SWAMPSCOTT**

### ELIGIBILITY & BENEFIT FEATURES

All eligible active employees working **20** or more hours per week, their spouse under age **70**, unmarried children ages 14 days to 19 years (25 if a full time student), and handicapped children over the age of 19 are eligible for coverage.

*Dependent coverage is available only if the employee elects coverage. Dependents may not be insured if they are confined to a medical facility. If the employee is not actively at work on the effective date of coverage, the insurance will become effective on the date of the employee's return to active employment.*

Employee coverage maximum of **\$500,000**, sold in increments of **\$10,000**. Coverage cannot exceed **5** times base annual salary.

Spouse coverage maximum of **\$100,000**, sold in increments of **\$5,000**. Coverage cannot exceed **50** % of employee coverage amount elected.

Child coverage: Age 14 days to 1 year: **\$1,000**

Age 1 to 19 years: **\$10,000**

(age 25 for full-time students)

*A spouse or child who is also an employee cannot be insured as a dependent. If both spouses are insured as employees of the same group, their children can be insured as dependents of one spouse only.*

### COST OF COVERAGE

The premium for your coverage is paid by you.

*Issue Age pricing means that your rates (and your spouse's if applicable) do not change with age.*

*After the initial rate guarantee period, the employer is subject to an annual review and possible rate changes.*

### GUARANTEED ISSUE

No medical underwriting will be required unless you apply for coverage over the Guaranteed Issue amount, apply beyond the initial 31 day eligibility period, or have been previously declined coverage by Boston Mutual.

#### Guaranteed Issue Amounts

AGE	EMPLOYEE	SPOUSE
Under Age 60	\$100,000	\$30,000
Ages 60 - 69	\$50,000	\$20,000
Ages 70 & Over	\$10,000	N/A

*All life insurance coverage for dependent children is guaranteed issue if applied for during the initial 31 day eligibility period.*

### REDUCTIONS IN BENEFITS

Employee coverage reduces upon the attainment of age **70** and periodically thereafter in accordance with the following schedule:

**to 65 % of the original benefit at age 70**

**to 50 % of the original benefit at age 75**

**to 25 % of the original benefit at age 80**

*Spouse coverage terminates upon the attainment of age 70. Dependent children coverage terminates upon notice that all dependent children are no longer eligible. All insurance benefits shall terminate upon the employee's retirement.*

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## ADDITIONAL FEATURES

**Accidental Death & Dismemberment:** The Voluntary Life Insurance benefit is doubled if death is the result of a covered accident. Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions.

**Portability:** If you leave your employer prior to age **60**, the coverage is portable for you, your spouse under age **60** and all eligible dependent children. You may elect to exercise this option in accordance with the provisions as defined by the policy. The coverage would not include Waiver of Premium or Group Voluntary AD&D.

**Conversion:** Employees have 31 days from the date of termination to convert the voluntary life insurance to an individual permanent life insurance policy without evidence of insurability. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion. Coverage will not include Waiver of Premium or Voluntary AD&D.

**Waiver of Premium:** If you become totally disabled prior to age 60 and remain totally disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums subject to the provisions of the contract.

**Accelerated Death Benefit:** This provision enables an employee diagnosed and certified by a Doctor with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary. To be eligible, the employee must have purchased at least \$10,000 in voluntary life coverage.

**Also Included:** Education Benefit, Seat Belt Benefit, and Repatriation of Remains Benefit. These benefits pertain to the accidental death & dismemberment only.

## EXCLUSIONS

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: intentionally self-inflicted injuries; suicide or attempted suicide; riot or war; diseases; ptomaine or bacterial infection; drug and/or alcohol abuse; commission of an assault or felony by an employee; accident while serving on active duty; travel or flight in any aircraft or device which can fly above the earth's surface (*does not apply to commercial flights*); or injury which occurred before the employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefits administrator.

*This information is a summary of benefits; this summary is not your certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the master policy will be resolved by the language issued in the master policy. For complete details of coverage and availability, please refer to your certificate or contact your benefits administrator.*