



Group Voluntary Life and Accidental Death & Dismemberment Benefit Summary for Eligible Employees of the Town of Reading

FAMILY MATTERS. NO MATTER WHAT.®

The following 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 group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.

Eligibility

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

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

Voluntary Life and AD&D Available Benefit Amounts

- You have the flexibility to choose coverage for yourself in units of **\$10,000** to a maximum of **\$750,000**. However, the maximum coverage amount you may elect cannot exceed seven times your base annual salary.
- You may insure your spouse in units of **\$5,000** to a maximum of **\$250,000**, not to exceed **50%** of your coverage amount.
- You may insure your dependent children for Life Insurance only. Coverage amounts are as follows:
 - o 14 days to 1 year.....**\$1,000**
 - o 1 year 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 employees of the same group, their children can be insured as dependents of one spouse only.

Medical Questions

If you and your eligible dependents enroll within the initial eligibility period as defined by the policy, you and your spouse may purchase a specific amount of insurance on a guaranteed basis. No medical questions will be asked for coverage at or under the Guaranteed Issue Amount. If you apply beyond your initial 31 day eligibility period or if you have been previously declined by Boston Mutual, Evidence of Insurability and Authorization to Release Medical Information forms will be required to be completed.

Guaranteed Issue Amounts

Age	Employee	Spouse
Under age 60	\$150,000	\$75,000
Age 60 to 69	\$80,000	\$30,000
*Age 70 and over	\$10,000	N/A

All life coverage for dependent children is Guaranteed Issue

* Employee's insurance reduction schedule applies. Please refer to the section: **Benefit Reductions**

Guaranteed Issue coverage will become effective for eligible employees on the later of the effective date as defined by the group policy or the date the application is approved by Boston Mutual. Proof of good health satisfactory to Boston Mutual is required for amounts above the Guaranteed Issue Amounts or beyond the initial eligibility period.

Cost of Coverage

You pay for the cost of the Group Voluntary Term Life and AD&D coverage. Below, you will find samples of **Monthly** payroll deductions for you and your spouse:

Sample Monthly Payroll Deductions

Age	Monthly Premium Rate per	10,000	30,000	75,000	100,000	150,000
	\$1,000					
<35	\$0.13	\$1.30	\$3.90	\$9.75	\$13.00	\$19.50
35-39	\$0.17	\$1.70	\$5.10	\$12.75	\$17.00	\$25.50
40-44	\$0.24	\$2.40	\$7.20	\$18.00	\$24.00	\$36.00
45-49	\$0.36	\$3.60	\$10.80	\$27.00	\$36.00	\$54.00
50-54	\$0.57	\$5.70	\$17.10	\$42.75	\$57.00	\$85.50
55-59	\$0.93	\$9.30	\$27.90	\$69.75	\$93.00	\$139.50
60-64	\$1.33	\$13.30	\$39.90	\$99.75	\$133.00	\$199.50
65-69	\$2.21	\$22.10	\$66.30	\$165.75	\$221.00	\$331.50
70-74	\$3.90	\$39.00	\$117.00	\$292.50	\$390.00	\$585.00

Premium rates for employees age 75 and above are available. Please contact your benefits administrator for details

This plan utilizes Boston Mutual's Issue Age billing option. Issue age billing means that Employees and Spouses enroll and are billed based on their age band as of the effective date of coverage. Once enrolled, Employees and Spouses remain in the age band they were originally issued at with Boston Mutual.

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

- The monthly cost to insure all eligible dependent children for Voluntary Life Insurance is only

\$1.80 per \$10,000 Family Unit Monthly.

See reverse side for additional information

Benefit Reductions

- Your Group Voluntary Life insurance 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.**
- Your spouse's insurance terminates upon the termination of Employee's insurance.
- Dependent Children coverage terminates upon notice to Boston Mutual that all dependent children are no longer eligible.

All insurance benefits shall terminate upon the employee's retirement.

Applying for coverage

Complete the provided enrollment form. When you sign it, you are giving your employer authorization to deduct the premiums from your pay. We will process your application quickly. Boston Mutual will notify you of the effective date of insurance for requests that are approved for coverage in excess of the Guaranteed Issue amount.

Additional Features

Group Voluntary Accidental Death & Dismemberment

The Group Voluntary Life Insurance benefit is doubled if death is due to an accident. Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. Group Voluntary AD&D is only available for employees and their spouses.

Portability

If you leave your employment 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 their Group Voluntary Life Insurance to an individual permanent life 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 Group 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.

Education Benefit

We will pay a percentage of an employee's Group Voluntary Life insurance benefit to a maximum of \$2,500 per year, for up to four years of education, to each qualifying dependent if the employee's death is the result of an accident while covered under Group Voluntary AD&D.

Seat Belt Benefit

We will pay an additional 50% of the Group Voluntary AD&D benefit, not to exceed \$10,000, in the event of an insured's death as a result of an automobile accident while wearing a properly secured seat belt.

Repatriation of Remains Benefit

If an employee dies as a result of an Accident while insured for Group Voluntary AD&D and the death occurs outside a 100 mile radius from his or her primary residence, we will pay for Covered Expenses reasonably incurred to return his or her body to their primary residence up to \$5,000.

Exclusions

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: suicide or attempted suicide; intentionally self-inflicted injuries; insurrection, riot or war; diseases, or medical treatment for diseases; ptomaine or bacterial infection; accident while serving on active duty in the armed forces; travel or flight in any aircraft or device which can fly above the earth's surface (as detailed in the policy); commission of an assault or felony by an insured; the insured's intoxication or voluntary use of any drug, unless taken as prescribed by a physician; voluntary taking or inhalation of poison, gas, or fumes; or injury which occurred before the effective date of the insured's coverage under this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.

Also available to you...

Bereavement Counseling*

This service is provided to all beneficiaries who experience the loss of a loved one. Beneficiaries have access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

**Services provided by Health Management Systems of America – a nationally recognized leader in the field of Mental and Behavioral Health Care Services. These services are currently available but are not part of your Boston Mutual policy/contract.*