

## Town of Southbridge Basic & Optional Life Insurance

How much insurance does the Town offer me?

The Town of Southbridge offers employees the opportunity to purchase \$2,000 of coverage and will pay 50% of the premium. The basic coverage is \$.93 cents per month for both the Town and each employee. While this is a great benefit, it may not cover all of your final expenses nor leave anything for your loved ones.

How much more insurance can I buy?

Massachusetts General Laws limits the amount of group term life insurance you can purchase to one times your salary up to a maximum of \$74,000. This insurance terminates when you are both retired and aged 75.

What are the costs?

This insurance has age-banded rates. This means that you pay more for your coverage as you get older (See back of sheet for rates).

Should I wait until I'm older to sign up for this coverage?

Each employee is offered one opportunity to sign up for this coverage without having to submit medical evidence of insurability. This means that in your first 30 days of employment you are guaranteed to get the insurance without having to answer any medical questions. When you get older you may not be medically capable of qualifying.

Can this policy be deducted from my paycheck as other benefits?

Yes, the Optional Term Life Insurance also includes convenient payroll deductions.

Can I also cover my dependents?

Yes, for \$4.33 per month you may have \$5,000 of coverage on your spouse and \$2,000 on each child between 6 months and 19 years old (to age 25 if a full-time student).

Please contact LifePlus Insurance Agency, Inc. with any enrollment questions.  
781-837-9222 - fax 781-837-9227

This form is for informational purposes only, please refer to the contract for specific language.

# TOWN OF SOUTHRIDGE VOLUNTARY TERM LIFE AND AD&D RATES

Must have Basic Life to sign up for Optional Life

## MONTHLY PREMIUM

Age	Monthly Premium Rate per 1,000		30,000		40,000**		50,000		60,000		70,000		74,000	
	10,000	20,000	30,000	40,000**	50,000	60,000	70,000	74,000	30,000	40,000	50,000	60,000	70,000	74,000
<35	\$0.16	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80					
35-39	\$0.22	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60					
40-44	\$0.30	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00					
45-49	\$0.46	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80					
50-54	\$0.74	\$7.40	\$14.80	\$22.20	\$29.60	\$37.00	\$44.40	\$51.80	\$59.20					
55-59	\$1.24	\$12.40	\$24.80	\$37.20	\$48.60	\$62.00	\$74.40	\$86.80	\$99.20					
60-64	\$1.78	\$17.80	\$35.60	\$53.40	\$71.20	\$89.00	\$106.80	\$124.60	\$142.40					
65-69	\$2.92	\$29.20	\$58.40	\$87.60	\$116.80	\$146.00	\$175.20	\$204.40	\$233.60					
70-74	\$4.98	\$49.80	\$99.60	\$149.40	\$199.20	\$249.00	\$298.80	\$348.60	\$398.40					

### GUARANTEED ISSUE AMOUNTS

Employee	\$ 40,000
Spouse	\$ 5,000
Dependent	\$ 2,000

\*\*\*EMPLOYEE MUST HAVE COVERAGE IN ORDER TO INSURE SPOUSE AND/OR CHILDREN\*\*\*

• EMPLOYEE LIFE & AD&D = \$1,000 TO A MAXIMUM OF \$74000

• SPOUSE LIFE & AD&D = \$5,000

• DEPENDENT (LIFE ONLY) = \$400 AGE 14 DAYS TO 1 YEAR; \$2,000 AGE 1 YEAR TO AGE 19 OR 25 IF FULL TIME STUDENT (\$4.33/family unit)

• DEPENDENT CHILD(REN) - (LIFE ONLY) COVERAGE ALL GUARANTEE ISSUE

Applicants requesting insurance amounts over the guaranteed issue amount will require an Evidence of Insurability Form and Authorization to Release Medical Information. These forms will need to accompany the application.

BOSTON MUTUAL LIFE INSURANCE COMPANY, 120 Royall Street, Canton, MA 02021  
TOWN OF SOUTHBRIDGE \*\*\*\*\* GROUP INSURANCE ENROLLMENT FORM

Name of Employee: \_\_\_\_\_  
  First  Middle  Last

Gender (M or F) : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Avg. Hrs. Worked: \_\_\_\_\_ Eff. Date: \_\_\_\_\_

BASIC      G-106      Division 1      LIFE/AD&D: YES      NO

	NAME OF BENEFICIARY	RELATIONSHIP
Primary address	_____	_____
	_____	_____
Contingent address	_____	_____
	_____	_____

YOU MUST BE ENROLLED IN THE BASIC PLAN TO ELECT OPTIONAL COVERAGE

~~OPTIONAL      G-14712      Division 2      LIFE/AD&D: YES      NO~~

CHOOSE AN OPTION BELOW FOR OPTIONAL INSURANCE:

*(Amounts over \$40,000 require Evidence of Insurability and Authorization to release medical information forms to be completed)*

Option 1 (CLASS 1)

\_\_\_\_\_ I hereby apply for the following amount \$\_\_\_\_\_ (fill in amount of insurance desired) of Optional Insurance and Authorize Payroll Deductions as required.

Option 2 (CLASS 1B)

\_\_\_\_\_ I hereby apply for my Maximum Allowable Insurance and authorize Payroll deductions as required. I further request that if in the future I become entitled to additional insurance because of an increase in annual salary, the increased premium amount will be automatically deducted from my salary without my further approval.  
\$\_\_\_\_\_ Current Annual Salary

	NAME OF BENEFICIARY	RELATIONSHIP
Primary address	_____	_____
	_____	_____
Contingent address	_____	_____
	_____	_____

YOU MUST BE ENROLLED IN THE OPTIONAL PLAN TO ELECT DEPENDENT COVERAGE

DEPENDENT LIFE:(\$5,000 Spouse / \$2,000 Child(ren))      YES      NO

If Yes: Name of Spouse \_\_\_\_\_ D.O.B. \_\_\_\_\_

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the group policy or group policies issued to my employer by the Boston Mutual Life Insurance Co. and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance. I UNDERSTAND THAT IF I AM DISABLED ON THE DATE MY INSURANCE WOULD OTHERWISE BECOME EFFECTIVE, I SHALL ONLY BECOME INSURED ON THE DATE I RETURN TO ACTIVE FULL-TIME WORK. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

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