



Group Voluntary Life and Accidental Death & Dismemberment Benefit Summary for Eligible Employees of Town of North Attleboro

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 **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 **\$500,000**. However, the maximum coverage amount you may elect cannot exceed five times your base annual salary.
- You may insure your spouse in units of **\$5,000** to a maximum of **\$100,000**, not to exceed **50%** of your coverage amount.
- You may insure your dependent children for Life Insurance only. Coverage amounts are as follows:
 - 14 days to 1 year.....**\$1,000**
 - 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 Guarantee Issue Amount.

Guarantee Issue Amounts

<u>Age</u>	<u>Employee</u>	<u>Spouse</u>
Under Age 60	\$100,000	\$30,000
Age 60-69	\$50,000	\$20,000
*Age 70 and over	\$10,000	-Not Eligible-

All life coverage for dependent children is Guarantee Issue

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

Guarantee 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 Guarantee 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					
	\$1,000	10,000	20,000	30,000	50,000	100,000
< 35	\$0.11	\$1.10	\$2.20	\$3.30	\$5.50	\$11.00
35-39	\$0.15	\$1.50	\$3.00	\$4.50	\$7.50	\$15.00
40-44	\$0.22	\$2.20	\$4.40	\$6.60	\$11.00	\$22.00
45-49	\$0.32	\$3.20	\$6.40	\$9.60	\$16.00	\$32.00
50-54	\$0.51	\$5.10	\$10.20	\$15.30	\$25.50	\$51.00
55-59	\$0.82	\$8.20	\$16.40	\$24.60	\$41.00	\$82.00
60-64	\$1.26	\$12.60	\$25.20	\$37.80	\$63.00	\$126.00
65-69	\$2.08	\$20.80	\$41.60	\$62.40	\$104.00	\$208.00

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 cost to insure all eligible dependent children for Voluntary Life Insurance is only **\$1.90 per 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 attainment of age 70.
- 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.*



Group Voluntary Long Term Disability Summary for Eligible Employees of Town of North Attleboro

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

Class 1 - All Other Full-Time Active Employees working a minimum of 20 hours per week are eligible for coverage. If an Employee is not actively at work on the effective date then insurance will not become effective until they return to active employment.

Long Term Disability Benefit

- The Monthly Long Term Disability benefit is up to **60%** of your Basic Monthly Earnings to a Maximum of **\$5,000** with a Minimum of 10% of your basic monthly earnings or \$100, whichever is greater.
- All Long Term Disability coverage is Guaranteed Issue as long as you enroll within your initial eligibility period as defined within the master policy.
- There is a **90 Day Elimination Period** for benefits. This means that approved benefits will be payable at the end of **90 days** or after the end of sick leave, whichever is greater. Your disability must continue throughout the elimination period before payments begin.

Pre-Existing Condition Limitation This means that any disability caused by sickness or injury for which you have received treatment in the **12 months** prior to your effective date of coverage will not be covered unless the disability began more than **12 months** after your effective date of coverage.

Own Occupation Period Payments will continue for **24 months** if due to the same sickness or injury you are unable to perform the material and substantial duties of your regular occupation.

Definition of Disability

Disability means that due to sickness or injury you are not able to perform some or all of the material and substantial duties of your regular occupation and you have at least a **20% loss** in pre-disability earnings. You are also considered disabled if you meet the definition of disability above, but you are working in any occupation and have at least a **20% loss** in pre-disability earnings.

Benefits will be based on Pre-Disability Earnings.

Your Basic Monthly Earnings also referred to as your Pre-Disability Earnings is defined as your gross income from your employer in effect just prior to your date of disability. It includes your total income before taxes and any deductions for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It also includes income received from commissions averaged over the prior 12 months immediately preceding the date of disability. It does not include income received from bonuses, overtime pay, or any other extra compensation or income received from sources other than your employer.

Maximum Payment Duration is the maximum period of payments you may receive. Your plan has a **5 year Reducing Benefit Duration (RBD)**. Your maximum period of payment is as follows and is based on the age when you became disabled:

Insured's Age When Disability Begins	Maximum Period of Payment
Less than Age 60	5 years
Age 60	60 Months
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and Over	12 Months

Limitations

If your disability is due to Mental Illness or Substance Abuse as defined within the master policy, we will pay a monthly benefit for up to 24 months.

Exclusions

We will not cover a disability if it is due to war, declared or not or any act of war; intentionally self-inflicted injuries, active participation in a riot, attempt to commit or commission of a felony under federal/state law. In addition, no benefits are payable while incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

See reverse side for additional information



Group Voluntary Long Term Disability Summary for Eligible Employees of Town of North Attleboro

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.

Cost of Coverage

You currently pay the cost of this LTD benefit on a Post-Tax basis. Below, you will find the monthly rate per \$100 of Monthly Covered Payroll:

Less than 25	\$0.130
25-29	\$0.150
30-34	\$0.220
35-39	\$0.300
40-44	\$0.370
45-49	\$0.470
50-54	\$0.640
55-59	\$0.910
60 and older	\$1.110

Additional LTD Features

- **Cost of Living Freeze** – If cost of living increases are incorporated in any income amount received from other sources, your benefit payment will not be reduced further by these increases.
- **Waiver of Premium** – While you are disabled and receiving benefits, you will not be required to pay the monthly premium for the LTD plan.
- **Survivor Benefit** – If you die after having been disabled for a minimum of 180 consecutive days and were receiving payments under the plan, the eligible survivor will be paid a one-time lump sum benefit. If there is no eligible survivor, payment will be made to your estate. If there is no estate, no payment will be made.

Also available to you...

Telephonic EAP*

- 24/7 Access Unlimited Telephonic Counseling
- Toll-Free 800-847-7240
- Legal Services – initial 30 minute in-office or phone consultation at no cost; 25% discount beyond initial consult
- Online Will Preparation
- Financial Services – one initial 60 minute phone consultation at no cost; 25% discount beyond initial consult

Online Work-Life Resources*

- 24/7 Access On-Line Work-Life Resources
- Financial Calculators
- Child and Eldercare Resources
- Health and Wellness Resources
- Additional Legal and Financial Resources
- www.my-life-resource.com

User Name: *worklife*

Password: *myresource*

**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.*

TOWN OF NORTH ATTLEBORO - LTD GRID

*** No Health Questions Required During This Enrollment Only**

Monthly Premium Rates

Rate	\$ 0.13	\$ 0.15	\$ 0.22	\$ 0.30	\$ 0.37	\$ 0.47	\$ 0.64	\$ 0.91	\$ 1.11
Annual Salary	Age <24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 & older
\$ 10,000	\$1.08	\$1.25	\$1.83	\$2.50	\$3.08	\$3.92	\$5.33	\$7.58	\$9.25
\$ 15,000	\$1.63	\$1.88	\$2.75	\$3.75	\$4.63	\$5.88	\$8.00	\$11.38	\$13.88
\$ 20,000	\$2.17	\$2.50	\$3.67	\$5.00	\$6.17	\$7.83	\$10.67	\$15.17	\$18.50
\$ 25,000	\$2.71	\$3.13	\$4.58	\$6.25	\$7.71	\$9.79	\$13.33	\$18.96	\$23.13
\$ 30,000	\$3.25	\$3.75	\$5.50	\$7.50	\$9.25	\$11.75	\$16.00	\$22.75	\$27.75
\$ 35,000	\$3.79	\$4.38	\$6.42	\$8.75	\$10.79	\$13.71	\$18.67	\$26.54	\$32.38
\$ 40,000	\$4.33	\$5.00	\$7.33	\$10.00	\$12.33	\$15.67	\$21.33	\$30.33	\$37.00
\$ 45,000	\$4.88	\$5.63	\$8.25	\$11.25	\$13.88	\$17.63	\$24.00	\$34.13	\$41.63
\$ 50,000	\$5.42	\$6.25	\$9.17	\$12.50	\$15.42	\$19.58	\$26.67	\$37.92	\$46.25
\$ 55,000	\$5.96	\$6.88	\$10.08	\$13.75	\$16.96	\$21.54	\$29.33	\$41.71	\$50.88
\$ 60,000	\$6.50	\$7.50	\$11.00	\$15.00	\$18.50	\$23.50	\$32.00	\$45.50	\$55.50
\$ 65,000	\$7.04	\$8.13	\$11.92	\$16.25	\$20.04	\$25.46	\$34.67	\$49.29	\$60.13
\$ 70,000	\$7.58	\$8.75	\$12.83	\$17.50	\$21.58	\$27.42	\$37.33	\$53.08	\$64.75
\$ 75,000	\$8.13	\$9.38	\$13.75	\$18.75	\$23.13	\$29.38	\$40.00	\$56.88	\$69.38
\$ 80,000	\$8.67	\$10.00	\$14.67	\$20.00	\$24.67	\$31.33	\$42.67	\$60.67	\$74.00
\$ 85,000	\$9.21	\$10.63	\$15.58	\$21.25	\$26.21	\$33.29	\$45.33	\$64.46	\$78.63
\$ 90,000	\$9.75	\$11.25	\$16.50	\$22.50	\$27.75	\$35.25	\$48.00	\$68.25	\$83.25
\$ 95,000	\$10.29	\$11.88	\$17.42	\$23.75	\$29.29	\$37.21	\$50.67	\$72.04	\$87.88
\$ 100,000	\$10.83	\$12.50	\$18.33	\$25.00	\$30.83	\$39.17	\$53.33	\$75.83	\$92.50

- * Waiting Period 90 Days
- * 60% of monthly salary
- * Maximum \$5,000 per month
- * Pays up to 5 Years

Formula: Annual Salary/12 X Rate/100
Benefit Amount: Salary/12 X .60

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

Town of North Attleboro

EMPLOYEE LIFE OPTION PLUS (Permanent Life)

When can I sign up?

You are eligible to sign up for permanent life insurance within the first 30 days of employment, at a benefit fair or during a scheduled enrollment period.

What is ELOP insurance?

Whole Life Insurance at an affordable price. It combines guaranteed level premiums coverage and dividends that are so attractive in whole life insurance, with the advantages of cash accumulation.

Does this plan replace my present group insurance?

No. ELOP coverage is independent of and supplements your present group insurance program.

Can I buy this plan on my own?

No. Because your employer has chosen to offer ELOP, you receive the advantages of more liberal underwriting and the convenience of payroll deduction. All of this results in savings that reduce the cost of the policies.

What are the costs for the ELOP insurance?

You choose the amount of insurance or the amount of premium that best suits your needs and budget. Weekly deductions range from \$2 - \$30 per week for employees. The maximum benefit is \$200,000.

Is there spousal coverage?

Yes. The premiums would range between \$2 - \$18 per week.

How about dependent coverage?

Insurance is available for unmarried dependent children age 15 days through age 25. Grandchildren are eligible from at 15 days to age 15. Premiums range from \$1 - \$5 per week, even if you choose not to buy insurance for yourself.

Can I keep this policy if I leave employment?

Yes, this policy is portable (YOU OWN IT). You can take your policy with you at the same rate as when you were an employee.

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 North Attleboro

EMPLOYEE CRITICAL ILLNESS PLUS

When can I sign up?

You are eligible to sign up for critical illness insurance within the first 30 days of employment, at a benefit fair or during a scheduled enrollment period.

Why do I need the Critical Illness Plan if I have health insurance?

While health insurance should pay most of the costs associated with fighting a "dreaded" disease, the Critical Illness policy will help with the financial loss.

What does the policy cover?

Covered illnesses are: Cancer, Heart attack, stroke, major organ transplant, paralysis, end-stage renal failure, coronary artery bypass surgery, angioplasty & stent insertion, coma, severe burns, ALS, Alzheimer's disease, loss of sight/speech/hearing and benign brain tumor.

How much does it pay?

The policy pays a percentage of the total benefit for each covered ailment. The above listed ailments would cause 100% of the benefit to be paid, except heart bypass, angioplasty & stent insertion, which is 30%. The benefit may be as high as \$50,000. Employees can choose a benefit level between \$5,000 and \$50,000.

Is there spousal coverage?

Yes. Spouses can purchase a benefit level between \$2,500 and \$25,000. (50% of the employee's coverage amount)

Is there dependent coverage?

Eligible children are also covered for the following childhood specified critical illnesses at 25% of the employee benefit amount at no additional charge. Eligible children are also covered for cerebral palsy, cleft lip or palate, down syndrome, cystic fibrosis and spina bifida.

Is there a wellness benefit?

Yes, each covered insured may receive \$50 per year for any one of the 21 specified health screening tests. This benefit is paid regardless of the results of the test. The coverage is paid for the employee and the spouse, if the spouse's coverage is included. There is no benefit paid for dependent children.

How much does it cost?

There are different coverable options but a \$25,000 individual policy can cost as little as \$6.07 per week for a 39-year-old non-smoker.

Can I keep this policy if I leave employment or retire?

Yes, this policy is portable (YOU OWN IT) at the same rates as when you were an employee.

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 North Attleboro

EMPLOYEE ACCIDENT OPTION PLUS

When can I sign up?

You are eligible to sign up for accident insurance within the first 30 days of employment, at a benefit fair or during a scheduled enrollment period.

Why do I need the Accident Plan if I have health insurance?

Your health insurance will reimburse Hospitals and Doctors for most of your medical expenses. Health insurance does not pay benefits directly to you for other expenses associated with accidents: lost income, co-pays, transportation, hotel, child care, etc.

When does the plan pay?

Benefits are received by the insured due to covered accidents caused either on or off the job.

What types of injuries are covered?

Loss of life, catastrophic loss, loss of limb(s), dislocations, fractures, lacerations, burns, concussions, hospital confinement, intensive care, ambulance benefits and more; they are paid directly to the insured.

Do I have to use the money for things related to medical expenses?

No, benefits are paid directly to the insured with no questions asked.

Can my whole family be covered?

Yes, employee and spouse, employee and children or family plans are available.

Are benefits offset by other coverage?

No, benefits are paid regardless of other coverage.

How much does it cost?

There are different coverable options but an individual policy can cost as low as \$3.89 per week.

Can I keep this policy if I leave employment or retire?

Yes, this policy is portable (YOU OWN IT) at the same rates as when you were an employee.

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.