



# VOLUNTARY LIFE INSURANCE

*Added Protection for You and Your Family...*

*Everyone has the need for financial security, but the needs of each person can vary. To help meet these needs, Boston Mutual Life Insurance Company and Tantasqua Regional School District are proud to offer Group Voluntary Life Insurance to you and your family through the convenience of payroll deductions.*

### Who Is Eligible?

You, as an active full-time employee working 20 hours or more per week, your spouse under the age of 70, your unmarried children ages 14 days to 19 years (to age 25 if full-time student), and handicapped children over the age of 19. Dependents may not be insured if they are confined in a medical facility.

### How Much Insurance May I Select?

You have the flexibility to choose coverage in units of \$10,000 to a maximum of \$300,000. However, the amount may not exceed five times your annual salary.

### What About Coverage For My Family?

You may insure your spouse (in units of \$5,000) for up to 50% of your coverage but not more than \$50,000. Dependent children age one year to 19 years (to age 25 if full-time student) are eligible for Life Insurance in the amount of \$5,000, and children 14 days to one year for \$500.

### How Much Does Voluntary Life and AD&D Cost?

Because of group purchasing power this term life insurance is affordable. Monthly rates and *sample* weekly premium costs for you and your family are as shown below:

Age	Rate	Volume of Insurance			
		10,000	20,000	50,000	70,000
Under 35	0.09	0.21	0.42	1.04	1.45
35-39	0.12	0.28	0.55	1.38	1.94
40-44	0.17	0.39	0.78	1.96	2.75
45-49	0.26	0.60	1.20	3.00	4.20
50-54	0.42	0.97	1.94	4.85	6.78
55-59	0.67	1.55	3.09	7.73	10.82
60-64	0.95	2.19	4.38	10.96	15.35
65-69	1.52	3.51	7.02	17.54	24.55
70-74	2.98	6.88	13.75	34.38	48.14
75-79	4.80	11.08	22.15	55.38	77.54
80-84	7.92	18.28	36.55	91.38	127.94
85-89	12.63	29.15	58.29	145.73	204.02

*Premium Rates are based on attained age and change as you move to a higher age bracket. Premium Rates for members age 90 and over are available.*

*Please contact your Benefits Administrator for details.*

### How Much Does Dependent Children Cost?

You have the option to insure all of your eligible children for life insurance in the amount and cost shown below. *Children ages 14 days to 1 year are provided \$500.*

Dependent Children	Weekly Cost
\$ 5,000	\$0.22

*The total weekly cost insures all eligible dependent children in your family.*

### What is AD&D?

Accidental Death and Dismemberment coverage is available for employees and their spouses only. It doubles the Life Insurance benefit if death is due to an accident. Dismemberment benefits are payable for loss of eyesight or limbs according to policy provisions.

### What About Medical Questions?

If you and your dependents enroll within 31 days of becoming eligible, you and your spouse may purchase a specific amount of Life and AD&D Insurance on a guaranteed basis. *All life coverage for dependent children is Guaranteed Issue.* Medical questions will not be required for coverage at or under the Guaranteed Issue Amount.

### Guaranteed Issue Amounts:

Age	Employee	Spouse
Under 60	\$70,000	\$25,000
60-69	\$30,000	\$10,000
70 and Over	\$20,000	- Not Eligible -

Guaranteed Issue coverage will become effective for eligible enrollees on the later of, the effective date of the group policy or the date the application is received by Boston Mutual, provided it is received within 31 days of the date you first became eligible. Proof of good health satisfactory to Boston Mutual is required for amounts in excess of the Guaranteed Issue amount.

### What If I Leave my Employer?

If you leave your employment, the coverage is "portable". You may continue life insurance coverage for yourself, spouse, and dependent children under the group term policy by making payment directly to Boston Mutual. The coverage would not include Waiver of Premium or AD&D.

### **What Happens if I Become Totally Disabled?**

This program provides a waiver of premium benefit whereas if you become totally disabled prior to age 60 and remain totally disabled for the qualification period, Boston Mutual will continue your insurance without any further payment of premiums.

### **What is Accelerated Death Benefit?**

The Accelerated Death Benefit provision enables an employee diagnosed 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.

### **Is There A Conversion Privilege For All Or Part of My Insurance Benefit?**

Yes, you may convert your Voluntary Life coverage for yourself, spouse, and children to a whole life policy without proof of good health, if you apply within 31 days of the date coverage terminated, and it did not terminate due to non-payment of premium. The premium will be based on Boston Mutual's usual rate for the insured's age on the date of conversion.

### **What is the Education Benefit?**

We will pay a percentage of an employee's 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.

### **What is the Seat Belt Benefit?**

We will pay an additional 50% of the 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.

### **What is the Repatriation Benefit?**

If an insured's accidental death occurs outside a 100 mile radius of his primary residence, we will pay up to \$5,000 for covered expenses reasonably incurred to return the body to the insured's residence.

### **Are There Reductions Or Exclusions?**

Yes, they are stated in the master policy and your certificate.

The Employee's life insurance reduces upon the attainment of age 70 and periodically thereafter in accordance with the schedule below:

to 65% at age 70; to 50% at age 75; to 35% at age 80;  
to 25% at age 85; to 20% at age 90; to 15% at age 95.

The insurance inforce immediately prior to age 70 will be the amount subject to the reduction schedule. All percentages apply to the inforce amount of insurance.

**Upon retirement, all benefits are terminated.**

### **Accidental Death and Dismemberment Exclusions**

We will not pay any Accidental Death and Dismemberment benefits if the loss is caused or contributed to by:

1. Suicide or attempted suicide while sane or insane;
2. Intentionally self-inflicted injury, or any attempt at injury, while sane or insane;
3. Insurrection, riot, war or any act of war. "War" includes declared or undeclared war or armed conflict involving the military force of any country, international organization, or combination of countries;
4. Diseases, bodily or mental infirmity, or medical or surgical treatment for any of these;
5. Ptomaine or bacterial infection other than bacterial infection occurring in consequence of an accidental cut or wound;
6. Accident which occurs while the Employee is serving on active duty for 30 days or more in any armed forces;
7. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
  - the aircraft or device is being used:
    - for test or experimental purposes; or
    - by or for any military authority; or
    - for travel, or is designed for travel, beyond the earth's atmosphere; or
    - by or for the Policyholder (this exclusion applies whether the aircraft or device is owned, leased, operated, or controlled by the Policyholder. Charter aircraft are not excluded); or
  - the Employee is:
    - serving as pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
    - hang gliding; or
    - parachuting, except when the employee has to make a parachute jump for self-preservation;
8. Commission of an assault or felony by the Employee;
9. The Employee's intoxication ("intoxication" means that the Employee's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred);
10. The voluntary taking or inhalation of:
  - any drug, medication, or sedative, unless taken as prescribed by a physician;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes, other than as the result of an occupational accident.
11. Injury which occurred before the Employee was insured by this Policy.

State variations apply. Please see your benefits administrator to view the policy. This handout is for illustrative purposes only and does not constitute coverage.