

CITY OF REVERE LIFE INSURANCE

The City of Revere offers the following life insurance coverage to employees eligible for benefits:

BASIC LIFE

Basic life insurance offers a \$5000 life insurance benefit with \$5000 additional accidental death and dismemberment coverage. The AD&D benefit for fire and police is \$20,000. The employee chooses the beneficiary. The payroll deduction is \$1.01/week or \$1.08/week for Fire and Police.

DEPENDENT LIFE

Dependent life is available only to employees who choose basic life. A spouse is covered for a \$5000 benefit and dependent children \$2000 (age 6 months to 19 years, extended to age 25 for full-time student. Children age 14 days to 6 months are covered for \$400). The employee is the beneficiary. You may not add dependent coverage on a spouse who is also eligible to enroll through the City of Revere. If both parents are City of Revere employees only one may elect coverage for dependent children. The payroll deduction is \$.44/week (regardless of the number of dependents).

VOLUNTARY LIFE

Voluntary life is available only to employees who choose basic life. Coverage is available from \$10,000 to \$70,000 with a guarantee issue. Coverage is also available up to five times your annual salary or \$300,000, whichever is less, with proof of good health satisfactory to Boston Mutual required. **(Must complete Evidence of Insurability Application and Authorization for Release of Information available at the Benefits Office.)** Rates will increase as you enter each age category. Please refer to rate chart and information attached. Payroll deductions will be set up on a weekly basis.

The information above is a brief summary of each plan. Life insurance certificates will be forwarded to all employees who enroll in life insurance. If you need an additional copy please reach out to Boston Mutual Client Services 1-800-669-2668.



VOLUNTARY LIFE INSURANCE

*Added Protection for You and Your Family...
Sponsored by The City of Revere*

Everyone has the need for financial security, but the needs of each member can vary. To help meet these needs, Boston Mutual Life Insurance Company and City of Revere 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 21 hours or more per week.

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.

How Much Does Voluntary Life Insurance Cost?

Because of group purchasing power this term life insurance is affordable. Monthly rates and sample monthly payroll deductions are as shown below:

Employee Monthly Premium Rates and Estimated monthly Costs					
Age	Rate	Volume of insurance			
		10,000	20,000	50,000	100,000
Under 35	0.08	0.80	1.60	4.00	8.00
35-39	0.11	1.10	2.20	5.50	11.00
40-44	0.17	1.70	3.40	8.50	17.00
45-49	0.24	2.40	4.80	12.00	24.00
50-54	0.39	3.90	7.80	19.50	39.00
55-59	0.69	6.90	13.80	34.50	69.00
60-64	0.99	9.90	19.80	49.50	99.00
65-69	1.66	16.60	33.20	83.00	166.00
70-74	2.98	29.80	59.60	149.00	298.00
75-79	5.10	51.00	102.00	255.00	510.00

Premium Rates are based on attained age and change as you move to a higher age bracket. Premium Rates for members age 80 and over are available. Please contact your Benefits Administrator for details.

What About Medical Questions?

If you enroll within 31 days of becoming eligible, you may purchase a specific amount of Life Insurance on a guaranteed basis. Medical questions will not be required for coverage at or under the Guaranteed Issue Amount.

Guaranteed Issue Amounts:

Age	Employee
Under 60	\$70,000
60-69	\$30,000
70 and Over	\$15,000

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, under the group term policy by making payment directly to Boston Mutual. The coverage would not include Waiver of Premium.



PLEASE PRINT OR TYPE

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE / FAMILY INFORMATION

Group Number-Division Number _____ Employer/Policyholder _____ Dept. ID _____

Employee Name (Last, First, Middle) _____ Social Security Number _____

Home Address (Street, City, State, Zip) _____ Telephone # _____

Gender (M/F) _____ Occupation or Job Title _____ Date of Birth _____ Age _____

PAYROLL: Weekly Bi-Weekly
 TYPE: Monthly Annual Earnings: \$ _____

Average Hours Worked _____ Date of Hire _____ or Date of Full Time Employment if different _____ Effective Date _____ State _____ Class _____ Rate Basis _____

Spouse (Last, First, Middle) _____ Gender (M/F) _____ Date of Birth _____ Age _____ No. of Dependents _____

ONLY ELECT BOSTON MUTUAL COVERAGES MADE AVAILABLE TO YOU THROUGH YOUR EMPLOYER.

BASIC	YES	NO	Insurance Amount	VOLUNTARY	YES	NO	Insurance Amount
LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
AD&D	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	AD&D	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
DEPENDENT LIFE:				DEPENDENT LIFE:			
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	SPOUSE LIFE AND AD&D	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
CHILD(REN)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	CHILD(REN)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
SHORT TERM DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	SHORT TERM DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
LONG TERM DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	LONG TERM DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> OTHER (Please specify coverage & amt.) _____				<input type="checkbox"/> OTHER (Please specify coverage & amt.) _____			

BENEFICIARY(IES) FOR LIFE AND/OR AD&D BENEFITS: (Attach Additional Beneficiaries on a signed and dated separate sheet)

Primary Beneficiary(ies):	Residential Address	Date of Birth	Social Security #	Tel. #	Relationship	% of Benefit
Contingent Beneficiary(ies):						

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary. If an insured dependent dies, we will pay the proceeds to you.

Please complete as much beneficiary information as you can provide.

REFUSAL OF INSURANCE

I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:

- All Coverages Life & AD&D Dependent Coverage Short Term Disability Long Term Disability

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage(s) checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____

EMPLOYEE SIGNATURE REQUIRED

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 Company 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 _____