



PLEASE PRINT OR TYPE

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE/FAMILY INFORMATION

Form fields for employee information including Group Number, Division Number, Employer/Policyholder, Dept ID, Employee Name, Social Security Number, Home Address, Telephone #, Gender, Occupation or Job Title, Date of Birth, Age, PAYROLL TYPE, Average Hours Worked, Date of Hire, Date of Full Time Employment, Effective Date, State, Class, Rate Basis, Spouse, Gender, Date of Birth, Age, No. of Dependents.

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

Table with columns for BASIC and VOLUNTARY coverages, YES/NO checkboxes, and Insurance Amount. Rows include LIFE, AD&D, DEPENDENT LIFE (SPOUSE, CHILD(REN)), SHORT TERM DISABILITY, LONG TERM DISABILITY, and OTHER.

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

Table for beneficiary information with columns: Primary Beneficiary(ies), Residential Address, Date of Birth, Social Security #, Tel. #, Relationship, % of Benefit. Includes a section for 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 _____

LIFE - DISABILITY

BENEFICIARY

SIGNATURE



Group Basic Life and Accidental Death & Dismemberment Benefit Summary for Eligible Employees of Town of Wilmington

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

All Eligible Active Employees working a minimum of 20 hours per week are eligible. If you are not actively at work on the effective date then insurance will not become effective until you return to active employment.

Employee Basic Life and AD&D Benefit

- Flat \$5,000.
- Upon retirement, Basic Life and AD&D coverage remains at \$5,000.

Cost of Coverage

You, the employee, currently contribute to the cost of the Basic Group Life and AD&D coverage. Please consult your Benefits Administrator for specific contribution percentage.

Conversion

Employees have 31 days from the date of termination to convert their Basic 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.

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.

Exclusions

Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by: self-inflicted injuries, suicide or attempted suicide, riot or war, diseases, ptomaine or bacterial infection, drug and/or alcohol abuse, commission of an assault or felony by an employee, accident while serving on active duty, travel or flight in any aircraft or device which can fly above the earth's surface (does not apply to commercial flights) or injury which occurred before the Employee was insured by this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.



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

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.....\$1,000
 - 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. 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.

Guarantee Issue Amounts

| Age | Employee | Spouse |
|------------------|-----------|----------------|
| 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 Weekly payroll deductions for you and your spouse:

Sample Weekly Payroll Deductions

| Age | Monthly Premium Rate per \$1,000 | 10,000 | 20,000 | 30,000 | 50,000 | 100,000 |
|-------|----------------------------------|--------|---------|---------|---------|---------|
| <30 | \$0.11 | \$0.25 | \$0.51 | \$0.76 | \$1.27 | \$2.54 |
| 30-34 | \$0.11 | \$0.25 | \$0.51 | \$0.76 | \$1.27 | \$2.54 |
| 35-39 | \$0.15 | \$0.35 | \$0.69 | \$1.04 | \$1.73 | \$3.46 |
| 40-44 | \$0.22 | \$0.51 | \$1.02 | \$1.52 | \$2.54 | \$5.08 |
| 45-49 | \$0.32 | \$0.74 | \$1.48 | \$2.22 | \$3.69 | \$7.38 |
| 50-54 | \$0.51 | \$1.18 | \$2.35 | \$3.53 | \$5.88 | \$11.77 |
| 55-59 | \$0.82 | \$1.89 | \$3.78 | \$5.68 | \$9.46 | \$18.92 |
| 60-64 | \$1.20 | \$2.77 | \$5.54 | \$8.31 | \$13.85 | \$27.69 |
| 65-69 | \$1.98 | \$4.57 | \$9.14 | \$13.71 | \$22.85 | \$45.69 |
| 70-74 | \$3.39 | \$7.82 | \$15.65 | \$23.47 | \$39.12 | \$78.23 |

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

\$0.44 per Family Unit Weekly.

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 35% 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 Short Term Disability Summary for Eligible Employees of Town of Wilmington

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

All Full-Time Active Employees working a minimum of 30 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.

Short Term Disability Benefit

- The Weekly Short Term Disability benefit is 60% of Basic Weekly Earnings rounded to the next higher \$1 with a Minimum of \$25 to a Maximum of \$1,150.
- There is a 30 Day Elimination Period for benefits if disability is caused by Accident or Injury. There is a 30 Day Elimination Period for benefits if caused by Sickness. The date that benefits begin is referred to as the benefit commencement date. The benefit commencement date is the last day of the elimination period listed above or after the end of sick leave, whichever is greater.
- The Maximum Payment Duration is 22 Weeks.
- This coverage is Non-Occupational coverage – This means that you are covered 24 hours per day for sicknesses and injuries occurring off the job.

Definition of Disability

Disability means that, due to your sickness or injury you are unable to perform all of the material and substantial duties of your regular occupation and you have had a 20% or more loss in your weekly earnings.

Benefits will be based on Pre-Disability Earnings.

Your Basic Weekly 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 does not include income received from commissions, bonuses, overtime pay, or any other extra compensation or income received from sources other than your employer.

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, we will not cover occupational sickness or injury unless the insured is a partner or sole proprietor not covered by Workers Compensation.

Cost of Coverage

You pay the cost of this STD benefit on a post-tax basis.

| Age Band | Monthly Rate Per \$10.00 of Benefit |
|----------|--|
| <25 | \$0.490 |
| 25-29 | \$0.510 |
| 30-34 | \$0.530 |
| 35-39 | \$0.600 |
| 40-44 | \$0.730 |
| 45-49 | \$0.860 |
| 50-54 | \$1.010 |
| 55-59 | \$1.360 |
| 60-64 | \$1.740 |
| 65+ | \$1.990 |

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 not part of your Boston Mutual policy/contract.



Group Long Term Disability Summary for Eligible Employees of Town of Wilmington

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Eligibility

All Full-Time Active Employees working a minimum of 30 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 60% of your Basic Monthly Earnings to a Maximum of \$5,000 with a Minimum of \$100 or 10%, whichever is greater.
- There is a 180 Day Elimination Period for benefits. This means that approved benefits will be payable at the end of 180 days. Your disability must continue throughout the Elimination Period before payments begin.
- All Long Term Disability coverage is Guaranteed Issue as long as you enroll within your initial eligibility period as defined within the master policy.

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 any regular occupation.

Definition of Disability

You are considered disabled when we review your claim and determine that, due to your sickness or injury you are unable to perform all of the material and substantial duties of your regular occupation and you have had a 20% or more loss in your indexed monthly earnings. After the regular occupation period, you are considered disabled if when we review your claim and determine that, due to your sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably qualified based on your training, education and experience.

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 does not include income received from commissions, 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 **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 | To Age 65 |
| 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 Long Term Disability Summary for Eligible Employees of Town of Wilmington

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Cost of Coverage

You pay the cost of this LTD benefit on a post-tax basis.

Below, you will find the monthly premium rates.

| Age Bands | Monthly Rate Per \$100 of Covered Payroll |
|-----------|--|
| <25 | \$0.250 |
| 25-29 | \$0.280 |
| 30-34 | \$0.300 |
| 35-39 | \$0.390 |
| 40-44 | \$0.500 |
| 45-49 | \$0.670 |
| 50-54 | \$0.960 |
| 55-59 | \$0.960 |
| 60+ | \$0.960 |

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.
- **Mental Illness - Substance Abuse** - 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. If you are confined to a hospital, health facility or institution at the end of the 24 month period we will continue to send payment(s) during the confinement. In no event will benefits be paid beyond the maximum payment duration of your plan.

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*

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