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Proposal for Group Employee Benefits

Prepared By:
Boston Mutual Life Insurance Company

This Proposal has been prepared for:

Town of Wilbraham, MA

On behalf of:

Mark Jones

Date Prepared:

March 7, 2025

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SCHEDULE EXHIBIT PAGE FOR TOWN OF WILBRAHAM, MA

PLAN ID: Voluntary Life and AD&D - Issue Age Pricing Option
PROPOSED EFFECTIVE DATE: July 1, 2025

BENEFITS:

Employee Life and AD&D	\$10,000 to \$500,000*
Units of \$10,000 to a maximum of the lesser of 5 times salary or \$500,000*	
Spouse Life and AD&D	\$5,000 to \$100,000*
Units of \$5,000 not to exceed 50% of employee's amount	
Dependent Child(ren) Life Insurance Only	
Age 14 days - 1 year	\$1,000
Age 1 year - 19 years (to age 25 for full-time students)	\$10,000

** Maximum Life Amounts prior to application of age reductions*

EE Contribution	100%
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GUARANTEED ISSUE AMOUNTS:

	Under Age 60	Ages 60-69	Ages 70 or Over
Employee	\$100,000	\$50,000	\$10,000
Spouse	\$30,000	\$20,000	N/A

All Dependent Child(ren) coverage is Guaranteed Issue.

Amount in excess of the Guaranteed Issue Amount are subject to Evidence of Insurability satisfactory to Boston Mutual.

INSURANCE REDUCTION:

Employee Insurance is reduced to:	65% of original benefit amount at age 70; 50% of original benefit amount at age 75; 25% of original benefit amount at age 80.
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Spouse Insurance terminates at age 70.

All benefits terminate at the employee's termination date or retirement, whichever occurs first

Stated policy specifications will be made part of the application.

COST EXHIBIT PAGE FOR TOWN OF WILBRAHAM, MA

PLAN ID: Voluntary Life and AD&D - Issue Age Pricing Option
PROPOSED EFFECTIVE DATE: July 1, 2025

MONTHLY EMPLOYEE AND SPOUSE PREMIUM RATES PER \$1,000:

Age	Life	AD&D	Total Life and AD&D
less than 20	.080	.040	.120
20-24	.080	.040	.120
25-29	.080	.040	.120
30-34	.080	.040	.120
35-39	.120	.040	.160
40-44	.180	.040	.220
45-49	.300	.040	.340
50-54	.490	.040	.530
55-59	.830	.040	.870
60-64	1.220	.040	1.260
65-69	2.030	.040	2.070
70-74	3.580	.040	3.620
75+	5.980	.040	6.020

u The above cost exhibit presents the Issue Age Pricing Option for our Voluntary Life and AD&D product and does not impact the terms and conditions of this product.

Monthly Dependent Child(ren) Rate: 1.80 per \$10,000 Family Unit

- u It is assumed that this Proposal has been prepared for a group which has been in business for at least 2 years, unless otherwise approved by Home Office Underwriting.
- u Issue Age billing means that employees enroll and are billed based on their age bracket rates. Once enrolled the employees, spouse and children rates do not change during the rate guarantee period. After the initial rate guarantee period, the group is subject to an annual review and possible rate changes.
- u To be considered for coverage, applicants must have a legal right to reside in the United States, must have a permanent United States residential address and must have a (SSN) Social Security Number or (ITIN) Individual Tax Identification Number.
- u Rates are guaranteed for 24 Months
- u The proposed rates are based upon the census data. Final rates will be based upon the actual enrollment census.
- u This Proposal is valid until June 5, 2025.
- u At least 20% of the eligible employees but not less than 10 must be enrolled. The policy will automatically terminate when participation falls below 10 lives. The minimum participation requirements stated are contingent upon implementation of basic coverages with Boston Mutual.
- u Insurance applied for shall not take effect until the Application has been approved by Boston Mutual at its home office.
- u Eligible Employees who are disabled on the date their insurance would otherwise become effective shall become insured on the date they return to Active Work.
- u This proposal is intended to explain certain portions of the coverage. It does not constitute the policy. Any discrepancies between this proposal and the policy will be resolved by the wording contained in the policy. State variations to plan design and /or benefit maximums, exclusions and limitations may apply.
- u Spouse and/or Dependent coverage is available providing the Employee has elected coverage
- u Earnings means 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.
- u Limited open enrollment may be available subject to Boston Mutual Home Office Underwriting approval prior to the effective date of the group.
- u If an employee (member) and/or a dependent were previously declined by Boston Mutual, the declined insured must provide current satisfactory evidence of insurability in order to enroll in future basic and/or voluntary life plan of benefits.

Stated policy specifications will be made part of the application.

GROUP TERM LIFE INSURANCE BENEFIT SUMMARY

Death Benefit

The amount of life insurance for which an employee is insured will be paid to the beneficiary in the event of the employee's death from any cause at any time or place. An employee may name any beneficiary desired, other than the employer, and may change this designation at any time.

Accelerated Death Benefit

An insured employee with a life expectancy of twelve months or less, and who qualifies for the Accelerated Death Benefit may elect to receive a portion of the death benefit while still living. This benefit is payable only once during the insured's lifetime and will result in the proportionate reduction of the Life Insurance. The remaining Life Insurance will be payable to the beneficiary upon the insured's death.

Not available in all states.

Conversion Privilege

The employee has 31 days to convert any or all of his life insurance, which has terminated for any reason other than the employee did not pay the required premium. The employee may convert his/her Life Insurance to an individual whole life policy without evidence of insurability, subject to the policy provisions. The premium rate for the converted policy is based on the insured's age at the time of conversion. Waiver of premium is not available on a converted policy. Spouse and dependent coverage, if in force, may also be converted in accordance with policy provisions governing conversion.

Layoffs, Leave of Absence

The Group Policy permits continuance of insurance on employees who are temporarily laid off or granted a leave of absence.

Portability

If the employee terminates employment, the insured employee may continue the employee and dependent Group Life Insurance. The employee pays the premium on the ported coverages directly to Boston Mutual. To be eligible for Portability the employee must be under age 60 on the day employment ends; and the employee's coverage not continued under the Waiver of Premium; and the employee's Group Life Insurance coverage not converted. The Insured Dependent's Life Insurance may not be continued if the Employee's Group Life Insurance is not continued; or if the Insured Dependent is age 60 or greater. Waiver of Premium and Accidental Death and Dismemberment are not available on the ported policy. The ported coverage terminates at age 70. At which time the insured is eligible to convert under the Conversion Provision of the policy.

Total Disability Waiver Premium (if elected)

If an employee is totally disabled prior to age 60 and otherwise qualified, premiums will be waived for the employee, spouse and dependent children. Should death occur during total disability, the amount of Life Insurance will be paid to the designated beneficiary.

Actively At Work

Eligible Employees who are disabled on the date their insurance would otherwise become effective shall become insured on the date they return to Active Work.

Eligibility

All employees working at least 30 hours a week, *or the minimum hours specified in the group application*, are eligible for insurance on the effective date of the plan provided they are actively at work on that date. New employees are eligible on the date specified in the group application.

Spouse of an insured employee, under the age of 70 and unmarried children age 14 days to 19 years, 25 if full-time student, or handicapped children over the age of 19 are also eligible for insurance.

Dependents may not be insured if they are confined in a medical facility.

A spouse or child who is an Employee cannot be insured as a Dependent. If both spouses are Employees then their children will be insured as Dependents of only one spouse.

Guaranteed Issue

Guarantee Issue coverage will become effective on the later of, the effective date of the group policy or the date the application is received by Boston Mutual provided the application is received within 31 days of first becoming eligible. Evidence of Insurability satisfactory to Boston Mutual is required for amounts in excess of the Guaranteed Issue amounts and for applications received after 31 days of first becoming eligible. Coverage in excess of the Guaranteed Issue amount will become effective on the date the evidence of insurability is approved by Boston Mutual.

GROUP TERM LIFE INSURANCE BENEFIT SUMMARY

Reduction Provisions

The Employee's, Spouse's and Dependent's Life and AD&D Insurance may be subject to reductions in amounts of insurance as stated in the Schedule of Benefits. Reductions become effective on the employee's birthday unless noted otherwise on the group application.

Please refer to the Schedule of Benefits for possible reductions in amounts of insurance for Spouses and Dependents.

Employee Termination

Employee Insurance will terminate on the first of the following dates: *termination of the Group Policy; if the employee pays all or part of the premium for his or her coverage, the date the employee fails to make a required premium contribution on or before the end of the grace period; termination of employment; the date the employee is no longer in an eligible class under the group policy.*

Spouse/Dependent Termination

The insurance for dependents will terminate on the earliest of the following dates: *date the insured employee's insurance ends; the date the insured employee's employment ends; the date the person ceases to be a dependent as defined in the group policy; the date the coverage or the group policy is terminated.*

Evidence of Insurability

Evidence of Insurability satisfactory to the Company will be required if: (1) The amount of insurance requested exceeds the Guarantee Issue Amount. (2) Any Enrollment or increase is requested more than 31 days after the individual was first eligible.

Bereavement Counseling

Our counseling partner, Health Management Systems of America - a nationally recognized leader in the field of Mental and Behavioral Health Care services, provides this service to all beneficiaries who experience the loss of a loved one. HMSA offers access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

This proposal

This proposal constitutes Boston Mutual's entire offer of insurance. It is based upon the employee census and other information provided to Boston Mutual. If the enrollment census or any other information provided to Boston Mutual differs from the information upon which the proposal was based, the Company reserves the right to modify or withdraw this offer. Changes to the terms of this proposal may only be made by Boston Mutual and must be communicated in writing.

This summary is intended to provide a brief description of important features of Boston Mutual's group plan. This summary does not constitute the policy and may not contain all the policy limitations and exclusions. Any discrepancies between this proposal and the policy will be resolved by the wording contained in the policy. State variations to plan design, benefit maximums, and other policy provisions may apply. A sample copy of the policy may be obtained from the Group Sales Representative.

The insurance described in this proposal shall not take effect until Boston Mutual, at its Home Office and prior to the requested effective date, has received the application, enrollment forms, one month's premium and has approved the application for insurance.

Boston Mutual reserves the right to withdraw or revise the terms of this proposal following our review of these materials.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT SUMMARY

24 Hour AD&D

If an employee has an accident from any cause at any time or place while insured and suffers a loss as shown below, we will pay the following subject to policy exclusions: the full amount of AD&D Insurance for loss of life; both hands or both feet; sight of both eyes; one hand and one foot; one hand and sight of one eye; one foot and sight of one eye or one-half of the AD&D Insurance for the loss of one hand or one foot; or sight of one eye.

We will not pay any AD&D benefits if the loss is caused or contributed by:

- u *suicide or attempted suicide while sane or insane;*
- u *intentionally self-inflicted injury, or any attempt at injury, while sane or insane;*
- u *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 counties;*
- u *diseases, bodily or mental infirmity, or medical or surgical treatment for any of these;*
- u *ptomaine or bacterial infection other than bacterial infection occurring in consequence of an accidental cut or wound;*
- u *accident which occurs while the Employee is serving on active duty for 30 days or more in any armed forces;*
- u *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 a 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;*
- u *commission of an assault or felony by the Employee;*
- u *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);*
- u *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;*
- u *injury which occurred before the Employee was insured by this Policy.*

Portability

AD&D is not available on the ported policy.

Education Benefit *(Not available in all states)*

If the Employee dies as a result of an accident while covered under Group Voluntary AD&D Insurance, each qualifying dependent will receive an 'Education Benefit'. This benefit is payable for up to four years in an amount equal to 2% of the insured Employee's life insurance, but not more than \$2,500 per year. This is in addition to all other policy benefits.

Seat Belt Benefit *(Not available in all states)*

If an insured's death is the result of an automobile accident and the insured was wearing a properly secured seat belt, we will pay an additional 50% of the Accidental Death Benefit up to \$10,000. The driver must not have been intoxicated.

Repatriation of Remains Benefit *(Not available in all states)*

If an employee dies as a result of an Accident while insured 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.