BOSTON MUTUAL LIFE INSURANCE COMPANY 1-800-669-2668 x700

120 Royall Street • Canton, MA 02021

PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE / FAMILY INFORMATION

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 TYPE: ❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Annual Earnings: $ _____

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

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

LIFE

You Must Have Basic Coverage to Elect Voluntary Coverage

BASIC:

Group # _____ **Div.** _____

	YES	NO	Insurance Amount
LIFE & AD&D	❑	❑	$ _____

You Must Have Voluntary Coverage to Elect Dependent Coverage

VOLUNTARY:

Group # _____ **Div.** _____

	YES	NO	Insurance Amount
LIFE & AD&D	❑	❑	$ _____
SPOUSE	❑	❑	$ _____
DEPENDENT LIFE:			
CHILD(REN)	❑	❑	$ _____

BENEFICIARY

Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: *(Total Percentage of Benefit must equal 100%)* **List Additional Beneficiaries on 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.

SIGNATURE

ACCEPTANCE OF INSURANCE - *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** _____

REFUSAL OF INSURANCE

Employee Name _____ *(Last, First, Middle)* Employee/Policyholder _____ Group No. _____

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:

❑ Basic Life & AD&D ❑ Voluntary Life & AD&D ❑ Dependent Life

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage 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 _____

BOSTON MUTUAL LIFE INSURANCE COMPANY ~1891~

FAMILY MATTERS. NO MATTER WHAT.®

Group Voluntary Life and Accidental Death & Dismemberment Benefit Summary for Eligible Employees of the King Philip Regional School District

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 Guaranteed 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.

Guaranteed Issue Amounts

Age	Employee	Spouse
Under Age 60	**$100,000**	**$30,000**
Age 60-69	**$50,000**	**$20,000**
*Ages 70 and over	**$10,000**	**Not eligible**

All life coverage for dependent children is Guaranteed Issue

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

Guaranteed 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

Premium rates for employees age 75 and above are available. Please contact your benefits administrator for details.

Age	Monthly Premium Rate per $1,000	10,000	20,000	30,000	50,000	100,000
<35	**$0.10**	$1.00	$2.00	$3.00	$5.00	$10.00
35-39	**$0.12**	$1.20	$2.40	$3.60	$6.00	$12.00
40-44	**$0.17**	$1.70	$3.40	$5.10	$8.50	$17.00
45-49	**$0.26**	$2.60	$5.20	$7.80	$13.00	$26.00
50-54	**$0.42**	$4.20	$8.40	$12.60	$21.00	$42.00
55-59	**$0.68**	$6.80	$13.60	$20.40	$34.00	$68.00
60-64	**$0.94**	$9.40	$18.80	$28.20	$47.00	$94.00
65-69	**$1.56**	$15.60	$31.20	$46.80	$78.00	$156.00
70-74	**$2.72**	$27.20	$54.40	$81.60	$136.00	$272.00

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

- You and your spouse's 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.

- 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.*

BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891 -

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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 $10,000.
- Upon retirement, Basic Life and AD&D coverage reduces to $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.

Portability

If you leave your employment prior to age 60, the coverage is "portable" for you. 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.

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.

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 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 AD&D.

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.

Repatriation of Remains Benefit

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

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.

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