

# Voluntary Accidental Death & Dismemberment



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	All full-time, active members & retirees enrolled prior to retirement	All other retirees not enrolled prior to retirement
Employee Benefit Amounts	<ul style="list-style-type: none"> <li>Benefit amounts up to \$500,000*</li> <li>\$10,000 minimum benefit</li> <li>Available in increments of \$10,000</li> </ul>	<ul style="list-style-type: none"> <li>Benefit amounts up to \$25,000</li> <li>\$5,000 minimum benefit</li> <li>Available in increments of \$5,000</li> </ul>
Spouse Benefit Amounts	<ul style="list-style-type: none"> <li>Benefit amounts up to \$250,000 (<i>not to exceed 50% of the employee's benefit</i>)</li> <li>\$10,000 minimum benefit</li> <li>Available in increments of \$5,000</li> </ul>	<ul style="list-style-type: none"> <li>Benefit amounts up to \$12,500 (<i>not to exceed 50% of the employee's benefit</i>)</li> <li>\$500 minimum benefit</li> <li>Available in increments of \$500</li> </ul>
Child Benefit Amounts	<ul style="list-style-type: none"> <li>Benefit amounts up to \$50,000 (<i>not to exceed 10% of the employee's benefit</i>)</li> <li>\$10,000 minimum benefit</li> <li>Available in increments of \$5,000</li> </ul>	<ul style="list-style-type: none"> <li>Benefit amounts up to \$2,500 (<i>not to exceed 10% of the employee's benefit</i>)</li> <li>\$500 minimum benefit</li> <li>Available in increments of \$500</li> </ul>
Covered Losses	<ul style="list-style-type: none"> <li>Loss of life</li> <li>Loss of both hands or both feet</li> <li>Sight of both eyes</li> <li>One hand and one foot</li> <li>One hand and sight of one eye</li> <li>One foot and sight of one eye</li> <li>50% of the benefit will be paid for the loss of; one hand or one foot, or sight of one eye</li> </ul> <p><i>Loss of hand or foot means complete severance above the wrist or above the ankle joint. Loss of sight must be total and non-recoverable.</i></p>	
Included Benefits	<ul style="list-style-type: none"> <li>Seat Belt Benefit</li> <li>Education Benefit</li> <li>Repatriation of Remains</li> </ul> <p><i>Additional benefits may be available, please review your certificate.</i></p>	

\* Amounts over \$250,000 cannot exceed 10 times annual salary.



BOSTON MUTUAL LIFE INSURANCE COMPANY

**MONTHLY EMPLOYEE, SPOUSE, AND CHILD PREMIUM RATES PER \$1,000 OF COVERAGE SELECTED:**

**EMPLOYEE: \$0.08      SPOUSE: \$0.08      CHILD: \$0.08**

**Employee Eligibility**

- All full-time active educators
- All retired educators who were insured at the time of retirement and elected to continue coverage
- All retired educators who were not enrolled prior to retirement

**Spouse and Child Eligibility**

- Spouse and/or dependent coverage is available providing the employee has elected coverage
- Family members eligible for this coverage are the employee’s spouse and dependent child(ren). Dependent children are aged 14 days – 19 years, or age 26 for full-time students. This includes step, foster or legally adopted children.

**Guaranteed Issue**

No medical examination is required, regardless of the coverage amount selected. Spouses and children are also not subject to evidence of insurability.

**Example Election:**

	SAMPLE 1		SAMPLE 2		SAMPLE 3 <i>(Retirees previously not covered)</i>	
	Coverage	Premium	Coverage	Premium	Coverage	Premium
Employee	\$ 100,000	\$ 8.00	\$ 200,000	\$ 16.00	\$ 25,000	\$ 2.00
Spouse	\$ 50,000	\$ 4.00	\$ 100,000	\$ 8.00	\$ 12,500	\$ 1.00
Child	\$ 10,000	\$ .80	\$ 25,000	\$ 2.00	\$ 2,500	\$ .20
<b>Monthly Total</b>		<b>\$ 12.80</b>		<b>\$ 26.00</b>		<b>\$ 3.20</b>

*Above rates based on \$.08 per \$1,000 of benefit, as of August 1, 2016.*

**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)*, the employee’s intoxication or voluntary taking or inhalation of any drug, medication or sedative, unless as prescribed by a physician, 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.

*This 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.*



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