

HOW TO CHANGE EXISTING COVERAGE

You can use the same application to change any coverage you now have under this Plan – to increase coverage for example, or to add children or the AD&D benefit.

1. Insert existing policy number and benefit amount where indicated on the application.
2. Indicate NEW plan desired on the application.
3. Complete the Payroll Deduction Authorization and Authorization to Release Health Related Information forms.
4. Return all of the above to MHA Insurance Agency, Inc. at the address below.

Upon acceptance, your new Payroll Deduction Authorization form will be sent to the payroll office to begin deductions and your new policy will be forwarded to you, stating the effective date of your increased coverage.



Administered by:

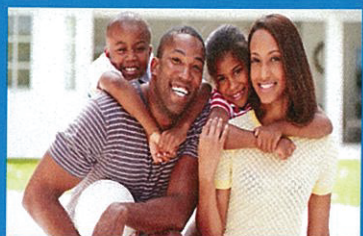
MHA Insurance Agency/DBA
MHA Solutions
500 District Ave.
Burlington, MA 01803
(o)781-262-6019 (f) 781-262-6119
Website mymhasolutions.com



Underwritten by:
120 Royall Street
Canton, MA 02021

VOLUNTARY TERM LIFE INSURANCE PLAN

A security blanket for
your family!



Program sponsored by:

Massachusetts
Hospital Association
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*It just takes a minute to give your family
the protection they really need.*



HIGHLIGHTS

- You may qualify for up to \$500,000 in life insurance coverage for yourself and your spouse; \$5,000 for each dependent child.
- Optional \$100,000 Accidental Death & Dismemberment benefit available to employees and spouses.
- Coverage remains in force at the same rates even if you change employers (as long as you pay the premiums, of course).
- Premium payments stop if the insured becomes permanently and totally disabled before age 60.
- Health requirements are liberal.
- Lower rates if you choose \$100,000 or more of life insurance.

ELIGIBILITY

All regular full-time, regular part-time or irregular part-time employees, under age 70, are eligible to apply for this insurance. An employee's spouse, under age 65, may also apply for up to \$500,000 of coverage – even if the employee does not participate in the Plan.

Unmarried, dependent children may be insured for \$5,000 each. This coverage may be added to either the employee or spouse policy. *Children cannot be insured separately.*

PLAN BENEFITS

The Plan offers from \$5,000 to \$500,000 of term life insurance coverage, available to both you and your spouse. The cost is based on the age of the insured at the effective date of coverage and subsequent anniversary dates.

PREMIUM RATES

The cost for this insurance is based on your age at the effective date of coverage and subsequent anniversary dates. As shown in the rate tables, lower rates apply for all insureds who choose \$100,000 or more of life insurance.

WEEKLY COST (PER \$5,000 OF INS.)

AGE	Under \$100,000	\$100,000 - to - NON-SMOKER	\$500,000 SMOKER
Under 30	\$0.22	\$0.07	\$0.16
30-34	0.23	0.08	0.18
35-39	0.31	0.11	0.24
40-44	0.43	0.16	0.36
45-49	0.65	0.26	0.59
50-54	0.99	0.42	0.95
55-59	1.50	0.69	1.54
60-64	2.19	0.92	2.08
65-69*	3.52	1.48	3.32
70-74	6.30	2.32	5.22
75-79	10.96	4.08	8.42
80-84	18.27	6.85	12.95
85-89	29.05	10.94	18.96
90+**	44.24	16.66	27.00

BI-WEEKLY Rates are Double Weekly Rates

MONTHLY COST (PER \$5,000 OF INS.)

AGE	Under \$100,000	\$100,000 - to - NON-SMOKER	\$500,000 SMOKER
Under 30	\$0.95	\$0.31	\$0.70
30-34	1.00	0.36	0.80
35-39	1.34	0.46	1.03
40-44	1.86	0.69	1.55
45-49	2.82	1.14	2.57
50-54	4.29	1.83	4.11
55-59	6.50	2.97	6.68
60-64	9.49	4.00	9.00
65-69*	15.25	6.40	14.40
70-74	27.28	10.05	22.61
75-79	47.48	17.68	36.50
80-84	79.15	29.68	56.11
85-89	125.87	47.42	82.14
90+**	191.71	72.20	116.98

* Employees may apply for coverage to age 70; spouses to age 65. These rates apply to spouses insured prior to age 65.

** The annual premiums as shown on the statement of cost page are calculated based upon the monthly rates and may be different from that produced by the weekly or bi-weekly rates due to rounding. The statement of cost page will be included in your policy.

These rates are subject to revision on a class basis. You may obtain a Buyer's Guide prior to delivery of the policy. Please contact MHA Insurance Agency, Inc. for more information.

SOME COST EXAMPLES

You may buy this coverage in units of \$5,000. To figure your cost, multiply the appropriate premium rate by the number of units you want.

EXAMPLE 1 - Non-smoker, Age 35

Coverage	Monthly Cost	Bi-Weekly Cost	Weekly Cost
\$ 60,000	\$ 16.08 (1.34 x 12)	\$ 7.44 (0.62 x 12)	\$ 3.72 (0.31 x 12)
\$100,000	\$ 9.20 (0.46 x 20)	\$ 4.40 (0.22 x 20)	\$ 2.20 (0.11 x 20)
\$500,000	\$ 46.00 (0.46 x 100)	\$ 22.00 (0.22 x 100)	\$ 11.00 (0.11 x 100)

EXAMPLE 2 - Non-smoker, Age 45

Coverage	Monthly Cost	Bi-Weekly Cost	Weekly Cost
\$ 60,000	\$ 33.84 (2.82 x 12)	\$ 15.60 (1.30 x 12)	\$ 7.80 (0.65 x 12)
\$100,000	\$ 22.80 (1.14 x 20)	\$ 10.40 (0.52 x 20)	\$ 5.20 (0.26 x 20)
\$500,000	\$ 114.00 (1.14 x 100)	\$ 52.00 (0.52 x 100)	\$ 26.00 (0.26 x 100)

CHILDREN COVERED TOO

Your plan may include Level Term Insurance on each child, according to the following schedule:

Child's Age	Amount of Coverage
14 days - 6 months	\$ 500.00
6 months - 20 years*	\$5,000.00
Total Weekly Premium = \$0.30	
Total Bi-Weekly Premium = 0.60	
Total Monthly Premium = 1.30	

Each child is covered who is an unmarried, dependent child between the ages of 14 days and 20 years (*or age 24 if a full-time student*). Newly born dependent children will be automatically covered on the date they become eligible. The total premium shown above covers all children, regardless of the number of children you have.

* To age 24 if a full-time student.

WAIVER OF PREMIUM - IF TOTALLY DISABLED

In the case of total and permanent disability before age 60, premium payments will stop, while coverage continues to age 75. "Total Disability" is when you are completely unable to perform any work or to engage in any occupation or business; after six months of total disability, it will be considered permanent.

Premiums cannot be waived for disability resulting from self-inflicted injury, service with the armed forces of any nation at war, or bodily injury occurring or disease first manifesting itself before the effective date of the policy.

HEALTH REQUIREMENTS

You may purchase certain amounts of coverage without taking a physical exam; however, Boston Mutual reserves the right to require an examination. Amounts available without physical exam:

AGE	AMOUNT
Under 50	\$100,000
50 - 54	\$ 50,000
55 - 59	\$ 25,000
60 +	need exam

Employees over age 60 + must take an exam. And if you choose more than \$150,000 of coverage, additional medical studies may be required. All applications are subject to approval by Boston Mutual Life Insurance Company.

INCONTESTABLE AFTER 2 YEARS

After your coverage has been in force for two years, it cannot be taken away unless you fail to pay premiums as required.

COMPLETE COVERAGE - SUICIDE EXCLUSION

Life insurance benefits will be paid for death from any cause except suicide during the first 2 years your coverage is in force. If suicide occurs within 2 years from the effective date of your coverage, premiums will be refunded. Otherwise, life insurance coverage worldwide, 24 hours a day.

CHOICE OF BENEFICIARY

You can name anyone you want as your beneficiary, and you can change the person whenever you like, just by writing to Boston Mutual.

CONVERSION PRIVILEGE

If you, or your spouse or your children decide to convert this policy to a permanent life insurance plan, either by choice or because the maximum age covered by this plan has been reached, conversion can be made for the benefit amount then in force on the policy without evidence of insurability. However, application for conversion must be made to Boston Mutual within thirty-one (31) days after the last day of the period for which premiums have been paid. (*Contact Boston Mutual for details.*)

OPTIONAL AD&D BENEFIT

All employees and spouses who participate in the Voluntary Life Insurance Plan are eligible for this benefit. Each individual who enrolls will be covered 24 hours a day, worldwide - at home, at work and on vacation. You are even covered when traveling, including when you are flying as a farepaying passenger on any common carrier.

Losses not covered include those resulting from self-inflicted injuries or attempted suicide; any act of war; committing or attempting an assault or felony; full-time duty in the armed forces; travel in experimental aircraft or travel while a pilot or crewmember of any aircraft; and disease or infirmity resulting from medical/surgical treatment or bacterial infection.

Basic Benefit Plans: The following benefits are payable in the event of a loss occurring as a direct result of an accidental bodily injury while insured under this Plan, provided that the loss occurs within 1 year of the date of the accident. (*Only one of these sums, the greater, is payable as the result of any one accident.*)

Amount	Payable for the loss of:
\$100,000	Life; Both hands or both feet; Sight of both eyes; One hand or foot and sight of one eye.
\$ 50,000	Sight of one eye; One hand or one foot.

Common Carrier Benefit: \$200,000 is payable for loss of life if the accident occurs while the insured is a passenger on a public conveyance operated by any common carrier for passenger service. (*See policy for details.*)

Seat Belt Benefit: \$115,000 is payable for loss of life as the result of a covered accident which occurs while the insured is driving or riding in an automobile equipped with seat belts and a seat belt was in actual use by the insured and properly fastened at the time of the accident. (*See policy for details.*)

Benefit Cost: The cost for this AD&D coverage is \$1.00 per week (\$4.33 per month) for each individual insured.

TERMINATION OF COVERAGE

Life insurance coverage is automatically reduced by 50% at age 70* and will stop when you:

- don't pay premiums
- reach age 75*

Accidental death coverage will stop when your Voluntary Life Insurance Plan is terminated for any reason. Dismemberment benefits only terminate at age 65.

You will be covered under the Plan until the end of the period for which premiums have been paid.

Coverage for a dependent child stops when the child reaches age 20 (24, *if a full-time student*), or gets married. It also stops when your coverage does, or if premiums aren't paid as required. Please notify BML in writing when youngest child reaches the maximum age as outlined above.

* Benefits will not be reduced, nor coverage terminated, as long as the insured remains a full-time employee and premiums are paid.

CONTINUATION OF COVERAGE

Coverage continues as long as you pay the premiums, even if you change employers (*subject, of course, to the rules of the Plan.*)

RENEWABILITY

The Plan is renewable at the option of the insured employee and/or spouse.

HOW TO APPLY

You and your spouse are eligible for up to \$500,000 of life insurance, plus a \$100,000 AD&D benefit. If you both want coverage, two applications must be submitted - one for each of you. *You may include dependent children coverage on either application, but not on both.*

1. Choose the amount of insurance you want.
2. Figure your total cost for the coverage you choose, based on your present age or the age of your spouse. (*Use the premium rate tables.*)
3. Complete a separate application for each Proposed Insured - employee and/or spouse - with special attention to birthday, height and weight, health questions, date of Application and signature.
4. Complete both sides of the Authorization to Release Health Related Information Form.
5. If you are a regular full-time or regular part-time employee, complete the Payroll Deduction Authorization. If you are an irregular part-time employee, you will be billed directly by Boston Mutual for quarterly premium payments.
6. Return the completed Payroll Authorization, Application and Authorization to Release Health Related Information Form in the envelope provided.
7. PAYROLL DEDUCTION AUTHORIZATION MUST BE SIGNED BY THE EMPLOYEE ONLY!

Upon acceptance, your payroll authorization will be sent to the payroll office to begin deductions. If you are an irregular part-time employee, you will be notified by Boston Mutual to begin direct premium payments. A policy will be sent to you, stating the effective date of your coverage.