

# MAINE SCHOOL MANAGEMENT ASSOCIATION GROUP TERM LIFE, AD & D AND DEPENDENT LIFE INSURANCE UNDERWRITTEN BY THE HARTFORD

Our group life insurance and accidental death & dismemberment insurance program is offered through The Hartford exclusively for school employees and their families.

#### Who is Eligible?

This voluntary benefit is available to full time employees who regularly work at least 12-1/2 hours each week if you are a salaried employee or 16 hours each week if you are an hourly paid employee.

#### When Does Coverage Start?

If you are a newly hired employee, you become eligible for coverage the first of the month following your date of employment.

### **How Much Coverage Can I Purchase?**

You can purchase voluntary term life up to 2 times your annual salary without proving insurability (filling out a health insurance questionnaire). Coverage is also available for spouses and any unmarried dependent children under age 25.

### Can this benefit be part of my "cafeteria plan"?

Yes, but paying the premium pre-tax will result in the benefit being taxable.

#### May I sign up at a later date if I don't sign up now?

If you sign up more than 31 days after your initial eligibility date you must pass medical underwriting and you <u>may</u> be turned down for any coverage. Increasing your original coverage must also pass medical underwriting.

### If I leave employment can I convert to an individual policy?

Yes, if you call The Hartford Customer Service at 1-888-563-1124, policy number 803368, information will be provided to you regarding conversion details. This must be done during the 31 days following termination of employment.

## What Does My Coverage Cost?

#### 2020-2021 Rates

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AGE		EMPLOYEE  Monthly rate per \$1,000 of coverage	
Under 34		\$0.065	
35 - 44		\$0.078	
45 - 54		\$0.128	
55 - 64		\$0.327	
65 - 74		\$0.843	
75 and over		\$1.216	
Dependent Coverage Option #1	\$5,000 Spouse  Unmarried child(ren)  Age 6 months to 19 years* =  Age 14 days but less than 6		\$2.18 per month (this includes all children)
Dependent Coverage Option #2	\$10,000 Spouse  Unmarried child(ren)  Age 6 months to 19 years* = \$5,000  Age 14 days but less than 6 months = \$2,500		\$3.87 per month (this includes all children)

<sup>\*</sup>Any other unmarried child under age 25 who goes to school on a regular basis and depends solely on you for support will be covered as a dependent. (SOC 9A ISSUE DATE 6/27/01 AS RECORDED ON ESW)

Please see the insurance certificate for eligibility and coverage details