



**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 may 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?

2021-2022 Rates - REVISED

AGE	EMPLOYEE <i>Monthly rate per \$1,000 of coverage</i>
Under 34	\$0.058
35 - 44	\$0.069
45 - 54	\$0.110
55 - 64	\$0.276
65 - 74	\$0.707
75 and over	\$1.018
Dependent Coverage Option #1	\$5,000 Spouse Unmarried child(ren) <u>Age 6 months , but under age 26 years* = \$5,000</u> <u>Age 15 days but less than 6 months = \$1,000</u> \$2.18 per month (this includes all children)
Dependent Coverage Option #2	\$10,000 Spouse Unmarried child(ren) <u>Age 6 months but under age 26 years* = \$5,000</u> <u>Age 15 days but less than 6 months = \$2,500</u> \$3.87 per month (this includes all children)

Please see the insurance certificate for eligibility and coverage details