



I.A.T.S.E. Local 52 **Member Supplemental Term Life With** Accidental Death and Dismemberment (AD&D) 1

Coverage Options

Benefit Options	Requirements		
\$50,000; \$100,000; \$150,000; \$200,000; \$250,000; \$300,000	Answer a few health questions		

^{*}MetLife will review your information and evaluate your request for coverage based upon the answers you provide on the Evidence of Insurability Form. In certain cases MetLife May request additional information to evaluate your request for coverage. Refer to the chart below to determine your cost for Life Insurance. Premiums increase on January 1st after you enter the next age class.

Monthly Cost Of Coverage*

(Cost is based on the amount of coverage you elect and your age as of January 1 of covered year)

Age Class	Benefit \$50K	Benefit \$100K	Benefit \$150K	Benefit \$200K	Benefit \$250K	Benefit \$300K
< 30	\$7.55	\$12.10	\$16.65	\$21.20	\$25.75	\$30.30
30-34	\$8.70	\$14.40	\$20.10	\$25.80	\$31.50	\$37.20
35-39	\$9.30	\$15.60	\$21.90	\$28.20	\$34.50	\$40.80
40-44	\$9.95	\$16.90	\$23.85	\$30.80	\$37.75	\$44.70
45-49	\$13.45	\$23.90	\$34.35	\$44.80	\$55.25	\$65.70
50-54	\$19.00	\$35.00	\$51.00	\$67.00	\$83.00	\$99.00
55-59	\$28.85	\$54.70	\$80.55	\$106.40	\$132.25	\$158.10
60-64	\$42.05	\$81.10	\$120.15	\$159.20	\$198.25	\$237.30
65-69	\$77.15	\$151.30	\$225.45	\$299.60	\$373.75	\$447.90
70 +	\$107.10	\$211.20	\$315.30	\$419.40	\$523.50	\$627.60

^{*}TPA fee included

Accidental Death & Dismemberment (AD&D) Insurance Coverage

The AD&D Insurance Benefit for loss of life due to an accident doubles the amount payable for Voluntary Life insurance coverage at the time of death. The amount of the AD&D Insurance Benefit for other covered losses is a percentage of the amount payable for Voluntary Life insurance coverage on the date of the accident, as shown below:

Covered Loss	Supplemental AD&D		
Life	100%		
Hand	50%		
Foot	50%		
Arm	75%		
Leg	75%		
Sight of One Eye	50%		
Combination of a Hand, Foot, and/or Eye	100%		
Thumb & Index Finger on Same Hand	25%		
Speech <u>and</u> Hearing	100%		
Speech <u>or</u> Hearing	50%		
Paralysis of Both Arms and Both Legs	100%		
Paralysis of Both Legs	50%		
Paralysis of the Arm & Leg on either side of the body	50%		
Paralysis of One Arm or Leg	25%		
Coma	1% monthly up to 60 Months		
Brain Damage	100%		

Questions regarding this plan? Need to file a claim? **Contact our Insurance Broker:** MBM Insurance Services, Inc. Office - 516-795-8248 Fax - 516-795-4392 www.mbminsurance.com



1 The Plan Overview provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.