



NASSAU COUNTY SHERIFF'S CORRECTION OFFICERS BENEVOLENT ASSOCIATION

504 EAST MEADOW AVENUE • EAST MEADOW, NY 11554
PHONE 516-937-7800 • FAX 516-822-8726

Re: Nassau County Sheriff's C.O.B.A. - Retiree Life Insurance Plan

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Counsel

Koehler & Isaacs, LLP

Labor Counsel

Frederick J. Annibale, Jr.

Defense Counsel

Dear Retiree,

Congratulations on your retirement. Please be advised that, effective January 1, 2014, C.O.B.A. has changed the Insurance Company for our Group Life Insurance Plan, now underwritten by MetLife Insurance Co. of New York, for both retirees and active members. Our broker is Michael B. Murphy of MBM Insurance Services, Inc., 5550 Merrick Road Suite 203, Massapequa, NY 11758, and may be reached at 516-795-8248 or Enroll@mbminsurance.com.

Premiums for retirees who wish to remain in the plan, will be drafted monthly by a third-party, Timely Payment Administrators, from the checking account of your choosing through electronic fund transfer ("EFT"), and premiums will then be remitted to MetLife directly.

Depending on your health this may not be the most affordable coverage available to you. If you contact MBM Insurance Services, our broker Michael Murphy, as a courtesy, will run comparison quotes to see if continuing the C.O.B.A. plan is right for you.

Refer to the enclosed Premium Verification Form for the cost of continuing your coverage.

If you wish to continue coverage in the C.O.B.A. Plan (spousal and dependent coverage ends upon your retirement), you must complete and return the following enclosed four forms:

- (1) C.O.B.A. Retiree Enrollment/Change form;
- (2) Timely Payment Administrators EFT Form;
- (3) Premium Verification Form

Please fill out the forms and return them via Fax, 516-795-4392; Email, Enroll@mbminsurance.com; or Mail, 5550 Merrick Road Suite, 203, Massapequa, NY 11758. Direct any questions to our broker Michael Murphy.

All forms must be returned within 30 days of retirement.

Thank You,

Brian M. Wise, Secretary



Correction Officers Benevolent Association Retiree Supplemental Life Insurance- Enrollment/Change

Name (Last, First, Middle)	Date of Birth	Social Security Number	Gender
Address	City	State	Zip
Date of Appointment	Date of Retirement (If Applicable)		

Dependent Information

Spouse

Name (Last, First, Middle)	Gender	Date of Birth
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Child

Name (Last, First, Middle)	Gender	Date of Birth

Basic Life Amount (Mark Coverage Amount)

Employee

<input type="checkbox"/> \$10,000

Employee Supplemental Life Amount (Mark Coverage Amount)

New Election*

<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/>
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Primary Beneficiary

Full Name	Address	Relationship	% Benefit

Contingent Beneficiary

Full Name	Address	Relationship	% Benefit

Signature _____ Date _____



TIMELY PAYMENT ADMINISTRATORS

1 Overlea Court

Massapequa Park, NY 11762

Ph: 516-858-7298 | Fax: 516-795-4392



I(We) do hereby authorize Timely Payment Administrators hereafter named COMPANY, to initiate Recurring (debit) entries to (my/our) account indicated at the depository financial institution named below, hereafter named FINANCIAL INSTITUTION. I further authorize COMPANY to initiate an adjusting or correcting entry as necessary. Finally, should any such debit(s) be returned for any reason, I(we) authorize the COMPANY to collect such debt(s) electronically from the same account identified below.

What is the EFT plan?

- The EFT plan allows COMPANY to pay your policy premiums by automatically withdrawing funds from your FINANCIAL INSTITUTION account monthly.

How much will be deducted from my account?

- We will only deduct premium payments according to the payment schedule outlined in your policy plus an administrative fee.

How can I cancel the EFT plan?

- Call MBM Insurance Services, Inc at 516-795-8248 to request a cancellation form. Once we receive your request, we will cancel the plan within 7-10 business days.
- We may cancel the plan without notice if a withdrawal is not honored or 30 days after we provide written notice to you.

Please complete the information below:

Bank Name _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number _____	Bank Routing # _____
RECURRING DEBITS	
Payment Start Date: _____	Amount: _____ Number of Payments: Continuous
*charge will appear as "C.O.B.A."	

This Authorization is to remain in full force and effect until the COMPANY has received a written cancellation form from me (or either of us) of its termination.

SIGNATURE _____

DATE _____

PRINTED NAME _____

C.O.B.A. PREMIUM VERIFICATION FORM -- RETIREE LIFE INSURANCE

MONTHLY PREMIUM TABLE

AGE AT RETIREMENT	\$50,000 BENEFIT	\$100,000 BENEFIT	\$200,000 BENEFIT
<30	\$8.40	\$11.40	\$17.40
30-34	\$9.40	\$13.40	\$21.40
35-39	\$9.90	\$14.40	\$23.40
40-44	\$10.80	\$16.20	\$27.00
45-49	\$13.90	\$22.40	\$39.40
50-54	\$19.05	\$32.70	\$60.00
55-59	\$26.90	\$48.40	\$91.40
60-64	\$38.40	\$71.40	\$137.40
65-69	\$68.90	\$132.40	\$259.40
70-74	\$111.40	\$217.40	\$429.40

All Retirees retain a \$10,000.00 Basic Life coverage, monthly cost: (\$2.40 included)
****An administrative fee (EFT) of \$3.00 has been added to the monthly premium ****

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ DATE OF RETIREMENT: _____

AMOUNT OF RETIREE LIFE TO CONTINUE: \$ _____

(cannot be more than the amount in force as an active member)

I am electing to continue the amount of Supplemental Life Insurance indicated above. I understand that I cannot continue more insurance than what I had as an active member. I understand that unless I submit a change of beneficiary form, the beneficiary designation that was in effect for my active coverage will apply to my Retiree Life Insurance. I understand that premium must be paid monthly by electronic funds transfer (EFT) after the 25th of each month and failure to remit payment on time will result in termination of coverage.

Signature _____ Date _____