



# Group Voluntary Term Life Insurance Plan Summary

## Plan Design

### Underwriting Offer

For all active full-time members who work 20 hours or more per week.

#### Voluntary Life Insurance Benefit Amount

*(Accidental Death and Dismemberment (AD&D) Included)*

Member: Elected amounts of \$30,000, \$60,000, \$120,000, \$180,000, \$240,000, or \$300,000

Spouse: Elected amounts of \$20,000, \$30,000, \$60,000, \$90,000, \$120,000, \$150,000;

Not to exceed 50% of member's chosen amount

Dependent Child(ren): \$10,000

### Continuation of Coverage\*

You have the option to continue term insurance under a different policy when coverage terminates.

Voluntary Life Insurance		Table of covered Losses for AD&D	
Guaranteed Issue	Member: \$300,000 for new hires Spouse: \$20,000 for new hires Dependent Child(ren): \$10,000	Covered Loss	Supplemental AD&D
Age Reduction	Coverage ends at age 70.	Life	100%
Accelerated Death Benefit	You may be eligible to receive an accelerated benefit of 80% to a maximum of \$240,000.	Hand	50%
Dependent Eligibility	Dependent children are eligible from live birth through age 24. To remain eligible for this coverage, children 25-26 should be attending an accredited college or university on a full-time basis and be wholly dependent on the employee for support.	Foot	50%
Portability*	Minimum portability amount is \$10,000 Maximum portability amount is the lesser of your total Life Insurance on the date you elect to port.	Arm	75%
Conversion*	You will have the option to convert when: <ul style="list-style-type: none"> <li>You cease to be in an eligible class for any reason including disability</li> <li>The Group Policy ends</li> <li>Because you change from one eligible class to another</li> <li>If you opt not to convert as described above, the option will not be available at a later date</li> </ul>	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%

# Monthly Voluntary Life Insurance Rates

Active Members						
	\$30,000	\$60,000	\$120,000	\$180,000	\$240,000	\$300,000
18-34	\$4.93	\$9.85	\$19.70	\$29.55	\$39.40	\$49.25
35-59	\$6.63	\$13.25	\$26.50	\$39.75	\$53.00	\$66.25
60-69	\$8.35	\$16.70	\$33.40	\$50.10	\$66.80	\$83.50

Spousal Coverage*						
	\$20,000	\$30,000	\$60,000	\$90,000	\$120,000	\$150,000
< 30	\$4.00	\$4.69	\$6.76	\$8.83	\$10.90	\$12.97
30-34	\$4.00	\$4.70	\$6.80	\$8.90	\$11.00	\$13.10
35-39	\$4.00	\$4.93	\$7.72	\$10.51	\$13.30	\$16.09
40-44	\$4.00	\$5.30	\$9.20	\$13.10	\$17.00	\$20.90
45-49	\$4.00	\$5.97	\$11.88	\$17.79	\$23.70	\$29.61
50-54	\$4.00	\$7.01	\$16.04	\$25.07	\$34.10	\$43.13
55-59	\$4.00	\$9.00	\$24.00	\$39.00	\$54.00	\$69.00
60-64	\$4.00	\$11.56	\$34.24	\$56.92	\$79.60	\$102.28
65-69	\$4.00	\$16.84	\$55.36	\$93.88	\$132.40	\$170.92

\* Spousal rates above include spouse coverage and \$10,000 in dependent child coverage

\*\* Total amount of spousal coverage cannot exceed more than 50% of member's coverage.

\*\*\* If you would like to apply for spousal coverage, you need to fill out a Supplemental Life Enrollment Form (MetLife Form) found at <[www.nyspffa.org](http://www.nyspffa.org)>.

**Questions? Contact:**

**New York State Professional Fire Fighters Association**

**518-436-8827 Extension 201**

Protecting Groups and Individuals Since 1998



Insurance, Retirement, Investments, TPA

MBM Insurance Services, Inc.  
5550 Merrick Road, Suite 203  
Massapequa, NY 11758

Phone: 516 - 795 - 8248

Fax: 516 - 795 - 4392

Email: [info@mbminsurance.com](mailto:info@mbminsurance.com)

Visit: [WWW.MBMINSURANCE.COM](http://WWW.MBMINSURANCE.COM)