

# **Cuyahoga Metropolitan Housing Authority**

**Optional Life Insurance Plan Highlights** 

# **Optional Life Insurance**

Optional Life insurance provides a lump-sum benefit to your designated beneficiary if you die while covered by the policy. Premiums may be paid through your employer on a payroll-deduction basis.

# Eligibility

### Employee

• You must be an active full-time employee working a minimum number of hours per week on a regularly scheduled basis as specified by your Employer.

# How Much Can I Elect?

#### **Employee Benefit**

\$10,000 to \$300,000 in \$10,000 increments.

### **Coverage amount guidelines**

You may enroll in the same amount of coverage you currently have in place without providing additional information. If you wish to increase your level of coverage upon enrolling with MedMutual Life, you will need to complete an evidence of insurability form. Please contact your employer for the appropriate forms.

Newly eligible employees can elect coverage up to the following Non-Medical Maximum schedule without Evidence of Insurability:

Employee: The lesser of 3 times Base Annual Earnings or \$50,000

Late enrollees will need to complete an evidence of insurability form to elect any amount of coverage.

# Does my coverage come with any additional benefits?

#### Waiver of Premium

If you become disabled, you may qualify for Waiver of Premium. You must apply and be approved by MedMutual Life. If approved, MedMutual Life will continue the employee's life insurance without further payment of premium. The total disability must begin before age 60 and after you have satisfied a six-month waiting period of continuous disability. The waiver of premium will end when you turn 65, pass away or recover, whichever is sooner.

#### **Accelerated Death Benefit**

If you become terminally ill, you may be entitled to receive a lump sum benefit paid to you in advance of your death. This can help you and your family meet medical and other expenses during a difficult time.

# How much will it cost?

You have the option to purchase Optional Life Insurance.

**Employee—Monthly Optional Life rates** Locate your age, smoking status and desired election to determine your monthly payroll deduction.

NON-SMOKER												
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$0.50	\$0.60	\$0.80	\$1.00	\$1.20	\$1.80	\$3.00	\$5.20	\$7.30	\$12.90	\$20.90	\$20.90
\$20,000	\$1.00	\$1.20	\$1.60	\$2.00	\$2.40	\$3.60	\$6.00	\$10.40	\$14.60	\$25.80	\$41.80	\$41.80
\$30,000	\$1.50	\$1.80	\$2.40	\$3.00	\$3.60	\$5.40	\$9.00	\$15.60	\$21.90	\$38.70	\$62.70	\$62.70
\$40,000	\$2.00	\$2.40	\$3.20	\$4.00	\$4.80	\$7.20	\$12.00	\$20.80	\$29.20	\$51.60	\$83.60	\$83.60
\$50,000	\$2.50	\$3.00	\$4.00	\$5.00	\$6.00	\$9.00	\$15.00	\$26.00	\$36.50	\$64.50	\$104.50	\$104.50
\$60,000	\$3.00	\$3.60	\$4.80	\$6.00	\$7.20	\$10.80	\$18.00	\$31.20	\$43.80	\$77.40	\$125.40	\$125.40
\$70,000	\$3.50	\$4.20	\$5.60	\$7.00	\$8.40	\$12.60	\$21.00	\$36.40	\$51.10	\$90.30	\$146.30	\$146.30
\$80,000	\$4.00	\$4.80	\$6.40	\$8.00	\$9.60	\$14.40	\$24.00	\$41.60	\$58.40	\$103.20	\$167.20	\$167.20
\$90,000	\$4.50	\$5.40	\$7.20	\$9.00	\$10.80	\$16.20	\$27.00	\$46.80	\$65.70	\$116.10	\$188.10	\$188.10
\$100,000	\$5.00	\$6.00	\$8.00	\$10.00	\$12.00	\$18.00	\$30.00	\$52.00	\$73.00	\$129.00	\$209.00	\$209.00
\$110,000	\$5.50	\$6.60	\$8.80	\$11.00	\$13.20	\$19.80	\$33.00	\$57.20	\$80.30	\$141.90	\$229.90	\$229.90
\$120,000	\$6.00	\$7.20	\$9.60	\$12.00	\$14.40	\$21.60	\$36.00	\$62.40	\$87.60	\$154.80	\$250.80	\$250.80
\$130,000	\$6.50	\$7.80	\$10.40	\$13.00	\$15.60	\$23.40	\$39.00	\$67.60	\$94.90	\$167.70	\$271.70	\$271.70
\$140,000	\$7.00	\$8.40	\$11.20	\$14.00	\$16.80	\$25.20	\$42.00	\$72.80	\$102.20	\$180.60	\$292.60	\$292.60
\$150,000	\$7.50	\$9.00	\$12.00	\$15.00	\$18.00	\$27.00	\$45.00	\$78.00	\$109.50	\$193.50	\$313.50	\$313.50
\$160,000	\$8.00	\$9.60	\$12.80	\$16.00	\$19.20	\$28.80	\$48.00	\$83.20	\$116.80	\$206.40	\$334.40	\$334.40
\$170,000	\$8.50	\$10.20	\$13.60	\$17.00	\$20.40	\$30.60	\$51.00	\$88.40	\$124.10	\$219.30	\$355.30	\$355.30
\$180,000	\$9.00	\$10.80	\$14.40	\$18.00	\$21.60	\$32.40	\$54.00	\$93.60	\$131.40	\$232.20	\$376.20	\$376.20
\$190,000	\$9.50	\$11.40	\$15.20	\$19.00	\$22.80	\$34.20	\$57.00	\$98.80	\$138.70	\$245.10	\$397.10	\$397.10
\$200,000	\$10.00	\$12.00	\$16.00	\$20.00	\$24.00	\$36.00	\$60.00	\$104.00	\$146.00	\$258.00	\$418.00	\$418.00
\$210,000	\$10.50	\$12.60	\$16.80	\$21.00	\$25.20	\$37.80	\$63.00	\$109.20	\$153.30	\$270.90	\$438.90	\$438.90
\$220,000	\$11.00	\$13.20	\$17.60	\$22.00	\$26.40	\$39.60	\$66.00	\$114.40	\$160.60	\$283.80	\$459.80	\$459.80
\$230,000	\$11.50	\$13.80	\$18.40	\$23.00	\$27.60	\$41.40	\$69.00	\$119.60	\$167.90	\$296.70	\$480.70	\$480.70
\$240,000	\$12.00	\$14.40	\$19.20	\$24.00	\$28.80	\$43.20	\$72.00	\$124.80	\$175.20	\$309.60	\$501.60	\$501.60
\$250,000	\$12.50	\$15.00	\$20.00	\$25.00	\$30.00	\$45.00	\$75.00	\$130.00	\$182.50	\$322.50	\$522.50	\$522.50
\$260,000	\$13.00	\$15.60	\$20.80	\$26.00	\$31.20	\$46.80	\$78.00	\$135.20	\$189.80	\$335.40	\$543.40	\$543.40
\$270,000	\$13.50	\$16.20	\$21.60	\$27.00	\$32.40	\$48.60	\$81.00	\$140.40	\$197.10	\$348.30	\$564.30	\$564.30
\$280,000	\$14.00	\$16.80	\$22.40	\$28.00	\$33.60	\$50.40	\$84.00	\$145.60	\$204.40	\$361.20	\$585.20	\$585.20
\$290,000	\$14.50	\$17.40	\$23.20	\$29.00	\$34.80	\$52.20	\$87.00	\$150.80	\$211.70	\$374.10	\$606.10	\$606.10
\$300,000	\$15.00	\$18.00	\$24.00	\$30.00	\$36.00	\$54.00	\$90.00	\$156.00	\$219.00	\$387.00	\$627.00	\$627.00

SMOKER												
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$0.60	\$0.70	\$1.00	\$1.20	\$1.50	\$2.20	\$3.60	\$6.30	\$8.80	\$15.50	\$25.10	\$25.10
\$20,000	\$1.20	\$1.40	\$2.00	\$2.40	\$3.00	\$4.40	\$7.20	\$12.60	\$17.60	\$31.00	\$50.20	\$50.20
\$30,000	\$1.80	\$2.10	\$3.00	\$3.60	\$4.50	\$6.60	\$10.80	\$18.90	\$26.40	\$46.50	\$75.30	\$75.30
\$40,000	\$2.40	\$2.80	\$4.00	\$4.80	\$6.00	\$8.80	\$14.40	\$25.20	\$35.20	\$62.00	\$100.40	\$100.40
\$50,000	\$3.00	\$3.50	\$5.00	\$6.00	\$7.50	\$11.00	\$18.00	\$31.50	\$44.00	\$77.50	\$125.50	\$125.50
\$60,000	\$3.60	\$4.20	\$6.00	\$7.20	\$9.00	\$13.20	\$21.60	\$37.80	\$52.80	\$93.00	\$150.60	\$150.60
\$70,000	\$4.20	\$4.90	\$7.00	\$8.40	\$10.50	\$15.40	\$25.20	\$44.10	\$61.60	\$108.50	\$175.70	\$175.70
\$80,000	\$4.80	\$5.60	\$8.00	\$9.60	\$12.00	\$17.60	\$28.80	\$50.40	\$70.40	\$124.00	\$200.80	\$200.80
\$90,000	\$5.40	\$6.30	\$9.00	\$10.80	\$13.50	\$19.80	\$32.40	\$56.70	\$79.20	\$139.50	\$225.90	\$225.90
\$100,000	\$6.00	\$7.00	\$10.00	\$12.00	\$15.00	\$22.00	\$36.00	\$63.00	\$88.00	\$155.00	\$251.00	\$251.00
\$110,000	\$6.60	\$7.70	\$11.00	\$13.20	\$16.50	\$24.20	\$39.60	\$69.30	\$96.80	\$170.50	\$276.10	\$276.10
\$120,000	\$7.20	\$8.40	\$12.00	\$14.40	\$18.00	\$26.40	\$43.20	\$75.60	\$105.60	\$186.00	\$301.20	\$301.20
\$130,000	\$7.80	\$9.10	\$13.00	\$15.60	\$19.50	\$28.60	\$46.80	\$81.90	\$114.40	\$201.50	\$326.30	\$326.30
\$140,000	\$8.40	\$9.80	\$14.00	\$16.80	\$21.00	\$30.80	\$50.40	\$88.20	\$123.20	\$217.00	\$351.40	\$351.40
\$150,000	\$9.00	\$10.50	\$15.00	\$18.00	\$22.50	\$33.00	\$54.00	\$94.50	\$132.00	\$232.50	\$376.50	\$376.50
\$160,000	\$9.60	\$11.20	\$16.00	\$19.20	\$24.00	\$35.20	\$57.60	\$100.80	\$140.80	\$248.00	\$401.60	\$401.60
\$170,000	\$10.20	\$11.90	\$17.00	\$20.40	\$25.50	\$37.40	\$61.20	\$107.10	\$149.60	\$263.50	\$426.70	\$426.70
\$180,000	\$10.80	\$12.60	\$18.00	\$21.60	\$27.00	\$39.60	\$64.80	\$113.40	\$158.40	\$279.00	\$451.80	\$451.80
\$190,000	\$11.40	\$13.30	\$19.00	\$22.80	\$28.50	\$41.80	\$68.40	\$119.70	\$167.20	\$294.50	\$476.90	\$476.90
\$200,000	\$12.00	\$14.00	\$20.00	\$24.00	\$30.00	\$44.00	\$72.00	\$126.00	\$176.00	\$310.00	\$502.00	\$502.00
\$210,000	\$12.60	\$14.70	\$21.00	\$25.20	\$31.50	\$46.20	\$75.60	\$132.30	\$184.80	\$325.50	\$527.10	\$527.10
\$220,000	\$13.20	\$15.40	\$22.00	\$26.40	\$33.00	\$48.40	\$79.20	\$138.60	\$193.60	\$341.00	\$552.20	\$552.20
\$230,000	\$13.80	\$16.10	\$23.00	\$27.60	\$34.50	\$50.60	\$82.80	\$144.90	\$202.40	\$356.50	\$577.30	\$577.30
\$240,000	\$14.40	\$16.80	\$24.00	\$28.80	\$36.00	\$52.80	\$86.40	\$151.20	\$211.20	\$372.00	\$602.40	\$602.40
\$250,000	\$15.00	\$17.50	\$25.00	\$30.00	\$37.50	\$55.00	\$90.00	\$157.50	\$220.00	\$387.50	\$627.50	\$627.50
\$260,000	\$15.60	\$18.20	\$26.00	\$31.20	\$39.00	\$57.20	\$93.60	\$163.80	\$228.80	\$403.00	\$652.60	\$652.60
\$270,000	\$16.20	\$18.90	\$27.00	\$32.40	\$40.50	\$59.40	\$97.20	\$170.10	\$237.60	\$418.50	\$677.70	\$677.70
\$280,000	\$16.80	\$19.60	\$28.00	\$33.60	\$42.00	\$61.60	\$100.80	\$176.40	\$246.40	\$434.00	\$702.80	\$702.80
\$290,000	\$17.40	\$20.30	\$29.00	\$34.80	\$43.50	\$63.80	\$104.40	\$182.70	\$255.20	\$449.50	\$727.90	\$727.90
\$300,000	\$18.00	\$21.00	\$30.00	\$36.00	\$45.00	\$66.00	\$108.00	\$189.00	\$264.00	\$465.00	\$753.00	\$753.00

# **Additional Coverage Information**

### About Your Coverage Effective Date

You must be actively at work on the day your coverage becomes effective.

Actively at Work on a full-time basis means that the employee is

- a) performing the material and substantial duties of the occupation at the employer's usual place of business or at a location the employer has authorized the employee to work;
- b) working a minimum of **h**ours per week on a regularly scheduled basis as specified by your Employer and;
- c) paid full-time salary or wage.

If an employee is not actively at work on the day the coverage would otherwise be effective, the effective date of the coverage will be the date of the return to active work. If an employee does not return to active work, the employee will not be covered.

#### **Benefit Reduction**

Benefits reduce by 33% upon the employee's attainment of age 70, and further reduce to 50% of the face amount upon the employee's attainment of age 75. Benefits terminate at retirement.

#### **Designating a beneficiary**

Your designated beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while insured. You may select any beneficiary(ies) other than your Employer. You can also designate more than one beneficiary. You must select your beneficiary when you complete your enrollment application. You can change your designation at any time. Please see your Employer for a Beneficiary Change form.

#### Can I keep my coverage if I leave my employer?

Yes, subject to your employer's contract, you may be eligible for the following options:

Conversion – Yes, if your insurance ends or reduces, you may be eligible to convert your Optional Life Insurance to an individual policy without submitting evidence of good health, provided certain conditions are met. The individual Conversion policy will be a whole life policy. It will not contain any disability benefits or AD&D. The request to convert must be made within 31 days following termination or reduction of coverage.

Portability - If your group insurance coverage terminates, you may be eligible to continue your Optional Life Insurance benefit under the Group Portable Insurance Trust Policy. You must apply for continuation within 31 days of the date of termination of coverage. Rates may be higher than your current rate. MedMutual Life will bill you directly. For information about the maximum amount you may continue, please see your Certificate.

#### **Important Details**

This information provides an overview of your Optional Life benefits. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Optional Life insurance includes certain limitations and exclusions:

Benefits will be determined based on the administrative policies and procedures of MedMutual Life.

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered benefits