

## GROUP BENEFIT PROGRAM SUMMARY For Town of Ipswich

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

### GROUP TERM LIFE / AD&D

<b>Eligibility</b>	All Eligible Active Full Time Employees
<b>Group Term Life/AD&amp;D Benefit:</b>	\$2,000
<b>Guaranteed Issue Amount – Employee</b>	\$2,000
<b>Age Reduction Schedule</b>	Life benefits reduce to \$1,000 at retirement. AD&D terminates at retirement
<b>Policyholder Contribution</b>	100%
<b>Waiver of Premium</b>	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
<b>Definition of Disability</b>	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
<b>Conversion Privilege</b>	Included.

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This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

\* Loss must occur within 365 days of the accident.

#### AD&D Product Features Included:

- |                                |                           |
|--------------------------------|---------------------------|
| ▪ Seatbelt and Airbag Benefits | ▪ Coma Benefit            |
| ▪ Repatriation Benefit         | ▪ Spouse Training Benefit |
| ▪ Education Benefit            | ▪ Day Care Benefit        |

**Exclusions** - We will not pay any benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or
2. any infection, except a pus-forming infection of an accidental cut or wound; or
3. suicide or attempted suicide, while sane or insane; or
4. any intentionally self-inflicted Accident; or
5. war, declared or undeclared, whether or not the Employee is a member of any armed forces; or
6. travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
7. commission of, participation in, or an attempt to commit an assault or felony; or
8. being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Employee's licensed physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
- 9.9. intoxication as defined by the laws of the jurisdiction in which the accident occurred or .08% blood alcohol content if the jurisdiction in which the accident occurred does not define detoxification. Conviction is not necessary for a determination of being intoxicated;
10. active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder.

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## BENEFIT PROGRAM SUMMARY TOWN OF IPSWICH - #MLN00596

*A simple, economical way to plan for your and your family's future. The voluntary coverage is payroll deducted and sponsored by your employer at a conveniently cost effective rate. Most families depend upon each paycheck to pay expenses and plan for the future. In the unexpected event of death, life insurance provides immediate financial assistance for you and your family when it is most needed.*

### VOLUNTARY GROUP TERM LIFE / AD&D

<b>Eligibility</b>	All Active Employees who work at least 20 hours per week
<b>Voluntary Group Term Life Benefit: Employee</b>	\$10,000 - \$500,000 in \$10,000 increments.
<b>Voluntary Group Term Life Benefit: Spouse</b>	\$10,000 - \$500,000 in \$10,000 increments.
<b>Voluntary Group Term Life Benefit: Child(ren)</b>	\$5,000 (6 months to age18, 23 if full time student)
<b>Voluntary AD&amp;D</b>	<p>You have the option of purchasing Voluntary AD&amp;D coverage. However, Voluntary AD&amp;D may not be purchased separately. You must apply for Voluntary Group Life insurance if you wish to select Voluntary AD&amp;D coverage. Satisfactory Evidence of Insurability may be required for Voluntary Group Life insurance. If your application for life insurance is declined, no AD&amp;D coverage will be issued.</p> <p><u>Individual Plan</u> – allows you to choose a benefit amount up to \$500,000, in increments of \$10,000.</p> <p><u>Family Plan</u> – allows you to insure your spouse and/or dependent children. The spouse benefit is equal to 50% of your benefit, and each child is covered for 10% of your benefit amount.</p> <p>Note: Voluntary AD&amp;D Benefit amounts for insured persons over the age of 69 will be equal to the following schedule: Age 70-74 (Principal Sum Equal to 65% of the benefit); Age 75-79 (45% of benefit); Age 80-84 (30% of benefit); and 85 and over (15% of benefit).</p>
<b>Waiver of Premium (Employee Only)</b>	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
<b>Definition of Disability</b>	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
<b>Accelerated Death Benefit (ADB)</b>	Upon the employee's request, this benefit pays a lump sum, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$10,000. Maximum: \$150,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
<b>Portability Feature; Conversion Privilege</b>	Included.
<b>Exclusions</b>	A one-year suicide exclusion applies to Voluntary Group Term Life.

Refer to your certificate for complete details and limitations of coverage. This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage. (For Internal Use Only: FDL Policy number FDL1-2230-C-999)

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**VOLUNTARY GROUP LIFE  
TOBACCO PREMIUM RATE GRID**



**TOWN OF IPSWICH - #MLN00596**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

*You must be covered under the basic life plan sponsored by your employer in SD and VT.*

**Voluntary Life Insurance**

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**  
Spouse Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

*The amount of spouse life insurance is limited to 50% of the employee benefit in FL and NE.*

*The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.*

*The Spouse amount may not exceed the amount for which the employee is eligible in TX.*

**Guarantee Issue\***

Employee	\$	<b>100,000</b>
Spouse	\$	<b>20,000</b>

**Child Coverage**

Ages 6 months to 18 years (23 years if full time student): **\$5,000**

<b>Voluntary Life Tobacco User*</b>	
<u>Monthly rates per \$1,000</u>	
<b>Age</b>	<b>Rates</b>
Under 30	\$0.140
30-34	\$0.150
35-39	\$0.210
40-44	\$0.330
45-49	\$0.620
50-54	\$1.010
55-59	\$1.820
60-64	\$2.220
65-69	\$3.580
70-74	\$5.690
75 and over	\$9.570
<b>Voluntary AD&amp;D</b>	
<u>Monthly rates per \$1,000</u>	
Individual Plan	\$0.050
Family Plan	\$0.080
<b>Dependent Life (Children)</b>	
<u>Monthly rates per Family</u>	
\$5,000	\$1.00

**Tobacco User Voluntary Life Insurance**

**Weekly Premium Cost (Based on 52 payroll deductions per year)**

\*If you have used tobacco products in the last two years, the tobacco rates will apply.

Benefit Amount	ATTAINED AGE										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$ 0.32	\$ 0.35	\$ 0.48	\$ 0.76	\$ 1.43	\$ 2.33	\$ 4.20	\$ 5.12	\$ 8.26	\$ 13.13	\$ 22.08
\$20,000	\$0.65	\$0.69	\$0.97	\$1.52	\$2.86	\$4.66	\$8.40	\$10.25	\$16.52	\$26.26	\$44.17
\$30,000	\$0.97	\$1.04	\$1.45	\$2.28	\$4.29	\$6.99	\$12.60	\$15.37	\$24.78	\$39.39	\$66.25
\$40,000	\$1.29	\$1.38	\$1.94	\$3.05	\$5.72	\$9.32	\$16.80	\$20.49	\$33.05	\$52.52	\$88.34
\$50,000	\$1.62	\$1.73	\$2.42	\$3.81	\$7.15	\$11.65	\$21.00	\$25.62	\$41.31	\$65.65	\$110.42
\$60,000	\$1.94	\$2.08	\$2.91	\$4.57	\$8.58	\$13.98	\$25.20	\$30.74	\$49.57	\$78.78	\$132.51
\$70,000	\$2.26	\$2.42	\$3.39	\$5.33	\$10.02	\$16.32	\$29.40	\$35.86	\$57.83	\$91.92	\$154.59
\$80,000	\$2.58	\$2.77	\$3.88	\$6.09	\$11.45	\$18.65	\$33.60	\$40.98	\$66.09	\$105.05	\$176.68
\$90,000	\$2.91	\$3.12	\$4.36	\$6.85	\$12.88	\$20.98	\$37.80	\$46.11	\$74.35	\$118.18	\$198.76
\$100,000	\$3.23	\$3.46	\$4.85	\$7.62	\$14.31	\$23.31	\$42.00	\$51.23	\$82.62	\$131.31	\$220.85
\$110,000	\$3.55	\$3.81	\$5.33	\$8.38	\$15.74	\$25.64	\$46.20	\$56.35	\$90.88	\$144.44	\$242.93
\$120,000	\$3.88	\$4.15	\$5.82	\$9.14	\$17.17	\$27.97	\$50.40	\$61.48	\$99.14	\$157.57	\$265.02
\$130,000	\$4.20	\$4.50	\$6.30	\$9.90	\$18.60	\$30.30	\$54.60	\$66.60	\$107.40	\$170.70	\$287.10
\$140,000	\$4.52	\$4.85	\$6.78	\$10.66	\$20.03	\$32.63	\$58.80	\$71.72	\$115.66	\$183.83	\$309.18
\$150,000	\$4.85	\$5.19	\$7.27	\$11.42	\$21.46	\$34.96	\$63.00	\$76.85	\$123.92	\$196.96	\$331.27

Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-2230C-999

Vlife/sm-noadd/52

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**VOLUNTARY GROUP LIFE  
NON-TOBACCO PREMIUM RATE GRID**



**TOWN OF IPSWICH - #MLN00596**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

*You must be covered under the basic life plan sponsored by your employer in SD and VT.*

**Voluntary Life Insurance**

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**  
Spouse Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

*The amount of spouse life insurance is limited to 50% of the employee benefit in FL and NE.*

*The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.*

*The Spouse amount may not exceed the amount for which the employee is eligible in TX.*

**Guarantee Issue\***

Employee	\$	<b>100,000</b>
Spouse	\$	<b>20,000</b>

**Child Coverage**

Ages 6 months to 18 years (23 years if full time student): **\$5,000**

**Non-Tobacco User Voluntary Life Insurance**

**Weekly Premium Cost (Based on 52 payroll deductions per year)**

\*If you have used tobacco products in the last two years the tobacco user rates will apply.

Voluntary Life Non-Tobacco User*	
Monthly rates per \$1,000	
Age	Rates
Under 30	\$0.080
30-34	\$0.080
35-39	\$0.120
40-44	\$0.200
45-49	\$0.280
50-54	\$0.480
55-59	\$0.820
60-64	\$1.290
65-69	\$2.030
70-74	\$3.240
75 and over	\$5.740
Voluntary AD&D	
Monthly rates per \$1,000	
Individual Plan	\$0.050
Family Plan	\$0.080
Dependent Life (Children)	
Monthly rates per Family	
\$5,000	\$1.00

Benefit Amount	ATTAINED AGE										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$ 0.18	\$ 0.18	\$ 0.28	\$ 0.46	\$ 0.65	\$ 1.11	\$ 1.89	\$ 2.98	\$ 4.68	\$ 7.48	\$ 13.25
\$20,000	\$0.37	\$0.37	\$0.55	\$0.92	\$1.29	\$2.22	\$3.78	\$5.95	\$9.37	\$14.95	\$26.49
\$30,000	\$0.55	\$0.55	\$0.83	\$1.38	\$1.94	\$3.32	\$5.68	\$8.93	\$14.05	\$22.43	\$39.74
\$40,000	\$0.74	\$0.74	\$1.11	\$1.85	\$2.58	\$4.43	\$7.57	\$11.91	\$18.74	\$29.91	\$52.98
\$50,000	\$0.92	\$0.92	\$1.38	\$2.31	\$3.23	\$5.54	\$9.46	\$14.88	\$23.42	\$37.38	\$66.23
\$60,000	\$1.11	\$1.11	\$1.66	\$2.77	\$3.88	\$6.65	\$11.35	\$17.86	\$28.11	\$44.86	\$79.48
\$70,000	\$1.29	\$1.29	\$1.94	\$3.23	\$4.52	\$7.75	\$13.25	\$20.84	\$32.79	\$52.34	\$92.72
\$80,000	\$1.48	\$1.48	\$2.22	\$3.69	\$5.17	\$8.86	\$15.14	\$23.82	\$37.48	\$59.82	\$105.97
\$90,000	\$1.66	\$1.66	\$2.49	\$4.15	\$5.82	\$9.97	\$17.03	\$26.79	\$42.16	\$67.29	\$119.22
\$100,000	\$1.85	\$1.85	\$2.77	\$4.62	\$6.46	\$11.08	\$18.92	\$29.77	\$46.85	\$74.77	\$132.46
\$110,000	\$2.03	\$2.03	\$3.05	\$5.08	\$7.11	\$12.18	\$20.82	\$32.75	\$51.53	\$82.25	\$145.71
\$120,000	\$2.22	\$2.22	\$3.32	\$5.54	\$7.75	\$13.29	\$22.71	\$35.72	\$56.22	\$89.72	\$158.95
\$130,000	\$2.40	\$2.40	\$3.60	\$6.00	\$8.40	\$14.40	\$24.60	\$38.70	\$60.90	\$97.20	\$172.20
\$140,000	\$2.58	\$2.58	\$3.88	\$6.46	\$9.05	\$15.51	\$26.49	\$41.68	\$65.58	\$104.68	\$185.45
\$150,000	\$2.77	\$2.77	\$4.15	\$6.92	\$9.69	\$16.62	\$28.38	\$44.65	\$70.27	\$112.15	\$198.69

Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000

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features and limitations. For internal use only: Policy number FDL1-2208C-999

Vlife/nonsm/noadd/52

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## VOLUNTARY GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger on Same Hand	25%

\* Loss must occur within 365 days of the accident.

### AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

**Exclusions** - We will not pay any benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or
2. any infection, except a pus-forming infection of an accidental cut or wound; or
3. suicide or attempted suicide, while sane or insane; or
4. any intentionally self-inflicted Accident; or
5. war, declared or undeclared, whether or not the Employee is a member of any armed forces; or
6. travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
7. commission of, participation in, or an attempt to commit an assault or felony; or
8. being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Employee's licensed physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
9. intoxication as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated;
10. active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder.

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## GROUP VOLUNTARY LONG-TERM DISABILITY (LTD) PROGRAM SUMMARY for TOWN OF IPSWICH - #MLN00596

Our Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. Voluntary Group Long-Term Disability (VLTD) is the answer! It is a convenient, economical way of securing an income while out of work from an unexpected accidental injury or illness. Your employer has made VLTD coverage available for you to enroll in. Below are some of the major features of this program.

<b>Eligibility</b>	All Eligible Employees
<b>Group LTD Benefit</b>	Employee can select a weekly benefit maximum from \$100 to \$1,150 in \$50 increments, not to exceed 60% of basic weekly earnings.
<b>Minimum Monthly Benefit</b>	\$100
<b>Elimination Period</b>	180 days
<b>Maximum Period Payable</b>	Reducing Benefit Duration (RBD) – 5 years Sickness/2 years for Accident
<b>Social Security Offset Method</b>	Primary & Family Integration
<b>Own Occupation Period</b>	24 months
<b>Progressive Partial Disability</b>	Provides the opportunity, through a combination of earnings and benefits, to receive up to 100% of pre-disability income. Naturally, the VLTD benefit is limited to the maximum benefit stated above. To be eligible for progressive partial disability benefits, you must be earning less than 80% of your pre-disability earnings.
<b>Mental Illness Limitation</b>	24 months
<b>Substance Abuse Limitation</b>	24 months
<b>Pre-Existing Condition Limitation</b>	12/6/24 - A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 24 months of your effective date will not be covered. This exclusion will not apply if you have been treatment free fro 6 months after your effective date.

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## VOLUNTARY LONG-TERM DISABILITY – TOWN OF IPSWICH - #MLN00596

### *Eligibility*

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

### *Benefit Schedule*

You may choose a weekly benefit amount from \$100 to \$1,150 in \$50 increments, not to exceed 60% of basic weekly income\*.

### *Maximum Benefit Duration*

5 year Accident/2 year Sickness

### *Elimination Period*

180 Day

### WEEKLY Premium Cost (based on 52 payroll deductions per year)

If your annual salary is at least:	You may select a weekly benefit of:	< 30	30 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 +
\$8,665	\$100	\$ 0.77	\$ 1.22	\$ 1.67	\$ 2.42	\$ 3.46	\$ 4.80	\$ 8.12
\$13,000	\$150	1.16	1.83	2.50	3.63	5.19	7.21	12.18
\$17,330	\$200	1.54	2.44	3.34	4.84	6.92	9.61	16.25
\$21,665	\$250	1.93	3.05	4.17	6.05	8.65	12.01	20.31
\$26,000	\$300	2.31	3.66	5.01	7.26	10.38	14.41	24.37
\$30,330	\$350	2.70	4.26	5.84	8.47	12.12	16.82	28.43
\$34,665	\$400	3.08	4.87	6.67	9.68	13.85	19.22	32.49
\$39,000	\$450	3.47	5.48	7.51	10.89	15.58	21.62	36.55
\$43,330	\$500	3.85	6.09	8.34	12.10	17.31	24.02	40.62
\$47,665	\$550	4.24	6.70	9.18	13.31	19.04	26.43	44.68
\$52,000	\$600	4.62	7.31	10.01	14.52	20.77	28.83	48.74
\$56,330	\$650	5.01	7.92	10.85	15.74	22.50	31.23	52.80
\$60,665	\$700	5.40	8.53	11.68	16.95	24.23	33.63	56.86
\$65,000	\$750	5.78	9.14	12.51	18.16	25.96	36.03	60.92
\$69,330	\$800	6.17	9.75	13.35	19.37	27.69	38.44	64.98
\$73,665	\$850	6.55	10.36	14.18	20.58	29.42	40.84	69.05
\$78,000	\$900	6.94	10.97	15.02	21.79	31.15	43.24	73.11
\$82,330	\$950	7.32	11.58	15.85	23.00	32.88	45.64	77.17
\$86,665	\$1000	7.71	12.18	16.68	24.21	34.62	48.05	81.23
\$91,000	\$1050	8.09	12.79	17.52	25.42	36.35	50.45	85.29
\$95,330	\$1100	8.48	13.40	18.35	26.63	38.08	52.85	89.35
\$99,665	\$1150	8.86	14.01	19.19	27.84	39.81	55.25	93.42

\*Basic weekly income means the weekly compensation you earn from your normal occupation with your employer. It does not include earnings from overtime, bonuses, or any other form of pay. However, if your compensation is based in whole or in part on commissions, basic weekly income will include the weekly average paid in commissions during the preceding 12-month period.

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number 2M-LTD-86/Policy number ML2240)

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## VOLUNTARY LONG-TERM DISABILITY – TOWN OF IPSWICH - #MLN00596

### *Eligibility*

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

### *Benefit Schedule*

You may choose a weekly benefit amount from \$100 to \$1,150 in \$50 increments, not to exceed 60% of basic weekly income\*.

### *Maximum Benefit Duration*

5 year Accident/2 year Sickness

### *Elimination Period*

180 Day

## WEEKLY Premium Cost (based on 52 payroll deductions per year)

If your annual salary is at least:	You may select a weekly benefit of:	< 30	30 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 +
\$8,665	\$100	\$ 0.77	\$ 1.22	\$ 1.67	\$ 2.42	\$ 3.46	\$ 4.80	\$ 8.12
\$13,000	\$150	1.16	1.83	2.50	3.63	5.19	7.21	12.18
\$17,330	\$200	1.54	2.44	3.34	4.84	6.92	9.61	16.25
\$21,665	\$250	1.93	3.05	4.17	6.05	8.65	12.01	20.31
\$26,000	\$300	2.31	3.66	5.01	7.26	10.38	14.41	24.37
\$30,330	\$350	2.70	4.26	5.84	8.47	12.12	16.82	28.43
\$34,665	\$400	3.08	4.87	6.67	9.68	13.85	19.22	32.49
\$39,000	\$450	3.47	5.48	7.51	10.89	15.58	21.62	36.55
\$43,330	\$500	3.85	6.09	8.34	12.10	17.31	24.02	40.62
\$47,665	\$550	4.24	6.70	9.18	13.31	19.04	26.43	44.68
\$52,000	\$600	4.62	7.31	10.01	14.52	20.77	28.83	48.74
\$56,330	\$650	5.01	7.92	10.85	15.74	22.50	31.23	52.80
\$60,665	\$700	5.40	8.53	11.68	16.95	24.23	33.63	56.86
\$65,000	\$750	5.78	9.14	12.51	18.16	25.96	36.03	60.92
\$69,330	\$800	6.17	9.75	13.35	19.37	27.69	38.44	64.98
\$73,665	\$850	6.55	10.36	14.18	20.58	29.42	40.84	69.05
\$78,000	\$900	6.94	10.97	15.02	21.79	31.15	43.24	73.11
\$82,330	\$950	7.32	11.58	15.85	23.00	32.88	45.64	77.17
\$86,665	\$1000	7.71	12.18	16.68	24.21	34.62	48.05	81.23
\$91,000	\$1050	8.09	12.79	17.52	25.42	36.35	50.45	85.29
\$95,330	\$1100	8.48	13.40	18.35	26.63	38.08	52.85	89.35
\$99,665	\$1150	8.86	14.01	19.19	27.84	39.81	55.25	93.42

\*Basic weekly income means the weekly compensation you earn from your normal occupation with your employer. It does not include earnings from overtime, bonuses, or any other form of pay. However, if your compensation is based in whole or in part on commissions, basic weekly income will include the weekly average paid in commissions during the preceding 12-month period.

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number 2M-LTD-86/Policy number ML2240)

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## VOLUNTARY GROUP SHORT-TERM DISABILITY (STD) PROGRAM SUMMARY for TOWN OF IPSWICH - #MLN00596

An economical way of planning for potential loss of income. Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. Voluntary Group Short-Term Disability (STD) is the answer! It is a convenient, economical way of securing an income while out of work from an unexpected accidental injury or illness. Voluntary Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

<b>Eligibility</b>	All Eligible Employees
<b>Group STD Benefit</b>	\$100 - \$1,150, in \$50 increments, not to exceed 60% of weekly earnings.
<b>Weekly Maximum Benefit</b>	\$1,150
<b>Benefits Are Payable On</b>	15th Day for Accident 15th Day for Sickness
<b>Maximum Benefit Period</b>	26 Weeks
<b>Employee Contribution</b>	100%
<b>Total Disability</b>	Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
<b>Partial Disability</b>	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to injury or sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
<b>Pre-Existing Conditions Limitation</b>	A pre-existing condition is a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered

**Exclusions** - We will not pay benefits for disabilities:

1. due to Injury or Sickness arising out of or in the course of any employment for wage or profit; or
2. for which the Insured is entitled to benefits under any Workers' Compensation or similar law; or
3. for any period during which the Insured is not being regularly treated by a Physician; or
4. due to any intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane, or the voluntary taking of any drugs unless taken as prescribed by a physician; or
5. due to bodily Injury sustained as a result of the Insured's commission of or attempt to commit an assault or felony.

This information is only a product highlight. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product availability and product features may vary by state. Refer to your certificate for complete details and limitations of coverage. (For Internal Use Only: FDL Policy number FDL2-2208C-501)

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**VOLUNTARY GROUP SHORT TERM DISABILITY  
PREMIUM RATE GRID  
INCREMENTAL PURCHASE  
TOWN OF IPSWICH - #MLN00596**



**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

**Benefit Schedule**

You may choose a weekly benefit amount from \$100 to \$1,150 in \$50 increments, not to exceed 60% of weekly earnings\*.

**Maximum Benefit Duration**

26 weeks

**Benefits Begin On**

15th day accident - 15th day sickness

**Weekly Premium Cost**  
Based on 52 payroll deductions per year

If your annual salary is at least	You may select a weekly benefit of	Attained Age			
		Under 40	40-49	50-59	60 +
\$ 8,665	\$ 100	\$1.78	\$1.59	\$2.15	\$3.05
\$ 13,000	\$ 150	2.67	2.39	3.22	4.57
\$ 17,330	\$ 200	3.55	3.18	4.29	6.09
\$ 21,665	\$ 250	4.44	3.98	5.37	7.62
\$ 26,000	\$ 300	5.33	4.78	6.44	9.14
\$ 30,330	\$ 350	6.22	5.57	7.51	10.66
\$ 34,665	\$ 400	7.11	6.37	8.58	12.18
\$ 39,000	\$ 450	8.00	7.17	9.66	13.71
\$ 43,330	\$ 500	8.88	7.96	10.73	15.23
\$ 47,665	\$ 550	9.77	8.76	11.80	16.75
\$ 52,000	\$ 600	10.66	9.55	12.88	18.28
\$ 56,330	\$ 650	11.55	10.35	13.95	19.80
\$ 60,665	\$ 700	12.44	11.15	15.02	21.32
\$ 65,000	\$ 750	13.33	11.94	16.10	22.85

\*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, or any extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

The information provided is only a summary of the benefits available. Refer to your certificate for details and limitations of coverage (Policy number FDL2-2208C-501) QWVSTD<50/52

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**FORT DEARBORN LIFE**  
Insurance Company  
Chicago, Illinois

New Enrollment  Change

**Enrollment Form**

**Administrative Offices:** Downers Grove, Illinois | Cleveland, Ohio | Dallas, Texas

**EMPLOYER:** If group is self-administered, submit enrollment form *only* if evidence of insurability is required. If group is not self administered, submit enrollment form to us.

EMPLOYEE NAME — LAST		FIRST	MIDDLE INITIAL	SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH	DATE OF HIRE (FULL TIME)
SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.)		EARNINGS \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual		JOB TITLE		CLASS
EMPLOYER			GROUP NO./ACCOUNT NO.		LOCATION	

**COVERAGE SELECTION:** Your non-medical group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.

BASIC COVERAGE(S)				Supplemental Life	Supplemental AD&D	Other
Basic Life/AD&D <input type="checkbox"/> YES <input type="checkbox"/> NO	STD Benefit <input type="checkbox"/> YES <input type="checkbox"/> NO	LTD Benefit <input type="checkbox"/> YES <input type="checkbox"/> NO	Dependent Life <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Del. \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Del. \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

VOLUNTARY COVERAGE(S) (Evidence of Insurability may be required on employee and spouse Life and Critical Illness Insurance)	(A)dd (C)hange (D)elete	Total Amount of Coverage Applied for	If (C), my prior coverage was
Voluntary Term Life: Employee <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary Term Life: Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary Term Life: Dependent Child(ren) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary AD&D: Individual Plan <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary AD&D: Family Plan <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary Short-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary Long-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary Critical Illness with Cancer Benefit <input type="checkbox"/> YES <input type="checkbox"/> NO			
Voluntary Critical Illness without Cancer Benefit <input type="checkbox"/> YES <input type="checkbox"/> NO			

SPOUSE NAME — LAST (if applicant)	FIRST	M.I.	SEX M <input type="checkbox"/> F <input type="checkbox"/>	SPOUSE DATE OF BIRTH	SPOUSE SOCIAL SECURITY #
Has Employee (if applicant) used cigarettes or other tobacco products in the last 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			Has Spouse (if applicant) used cigarettes or other tobacco products in the last 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**\* Review the following guidelines which apply to voluntary coverage(s)**

- You may enroll; apply for additional coverage, or request a change to current voluntary benefits only during a scheduled enrollment period.
- Your weekly STD benefit may not exceed 60% of your basic weekly earnings (excluding bonuses, overtime and any extra compensation other than commissions).
- If you are eligible for state-mandated temporary disability benefits, or any employer sponsored income replacement benefits, the combination of your state mandated benefit or other income benefit and your STD weekly benefit may not exceed 60% of your basic weekly earnings.
- New Voluntary STD plans and benefit increases are subject to a 12/12 pre-existing condition limitation (3/12 in PA).
- Your Voluntary LTD benefit may not exceed 60% of your basic earnings (excluding bonuses, overtime and any extra compensation other than commissions).
- New Voluntary LTD plans and benefit increases are subject to a 12/6/24 pre-existing condition limitation (12/12 in CO, MS, SC, MT, CT, WI; 3/12 in PA).
- If your earnings are based in whole or in part on commissions, commissions will be averaged over the 12-month period prior to the date disability begins.

**BENEFICIARY DESIGNATION** (For Employee Only: Must Be Completed if you have applied for life or AD&D insurance) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #	BENEFIT %
Primary					%
Primary					%
Contingent					%

I HEREBY REQUEST TO BE INSURED AND AUTHORIZE DEDUCTIONS, IF ANY, FROM MY COMPENSATION FOR MY SHARE OF THE COST OF THE BENEFITS TO WHICH I MAY BE ENTITLED UNDER THE GROUP POLICY (IES) ISSUED TO THE EMPLOYER LISTED ABOVE. I UNDERSTAND THAT IF I AM NOT ACTIVELY AT WORK AS DEFINED IN THE POLICY ON THE DATE MY COVERAGE WOULD OTHERWISE BECOME EFFECTIVE, MY INSURANCE WILL NOT BEGIN UNTIL THE DAY I MEET THE POLICY DEFINITION OF ACTIVELY AT WORK. FOR THOSE COVERAGES I HAVE DECLINED, I UNDERSTAND THAT IF I CHOOSE TO ENROLL AT A LATER DATE, MY COST MAY BE HIGHER AND A HEALTH QUESTIONNAIRE MAY BE REQUIRED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in OR or VA.)

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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