

### ARE THERE REDUCTIONS TO THE COVERAGE?

There are no age reductions. The coverage terminates at age 75.

### ACCELERATED DEATH BENEFIT

An insured member with a life expectancy of twelve months or less, and who qualifies for the Accelerated Death Benefit may elect to receive a portion of the death benefit while still living. This benefit is payable only once during the insured's lifetime and will result in a proportionate reduction of the life insurance. The remaining life insurance will be payable to the beneficiary upon the insured's death (*Note: Benefit may vary by state.*)

### PORTABILITY PROVISION

If the insured terminates employment, the insured may continue the group life insurance under a separate group term policy. To be eligible for portability, the insured must be under age 60 on the day employment ends and the insured's coverage can not have been converted to an individual policy. The ported coverage terminates at age 70. Prior to age 60, the ported coverage can be converted to an individual policy.

### CONVERSION PRIVILEGE

The insured has 31 days to convert any or all of their life insurance which has terminated for any reason other than the employee did not pay the premium. The insured may convert his/her life insurance to an individual whole life policy without evidence of insurability, subject to the policy provisions. The premium rate for the converted policy is based on the insured's age at the time of conversion.

If the Employee's Insurance terminates due to termination of this Group Policy, an individual whole life policy can be issued if the individual has been insured for at least 5 years under this Group Policy.



*Protect what you  
have worked a  
lifetime to build.*

*Enroll today!*

### BEREAVEMENT COUNSELING

Provided by our counseling partner, a nationally recognized leader in the field of Mental and Behavioral Health Care Services, *Health Management Systems of America*, provides this service to all members who experience the loss of a loved one. HMSA offers access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

### OUR PLEDGE TO YOU . . .

*For more than 119 years, Boston Mutual has been a recognized leader in providing affordable coverage to working people. We are committed to the promises we have made to you, our customers.*

*Boston Mutual has a rating of Excellent (A-) by A.M. Best. Best's ratings reflect an evaluation of the company's financial strength, operating performance and market profile. The rating also provides an independent opinion of a company's ability to meet its obligations to policyholders. (A-) represents the fourth highest rating out of a possible 16 rating categories. The current rating as affirmed by A.M. Best on April 6, 2010. For the latest rating information see [www.ambest.com](http://www.ambest.com).*

*Sponsored by:*



*Underwritten by:*



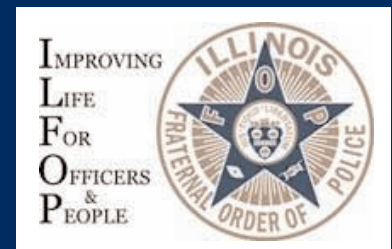
**BOSTON MUTUAL LIFE INSURANCE COMPANY**  
120 Royall Street • Canton, MA 02021  
[www.bostonmutual.com](http://www.bostonmutual.com)

# FRATERNAL ORDER OF POLICE

## *Voluntary Life Insurance*



*Added Insurance Protection  
for You!*



Everyone has the need for financial security, but the needs of each person can vary. To help meet those needs, Boston Mutual Life Insurance Company is proud to offer Group Voluntary Term Life Insurance to you through the convenience of monthly or quarterly electronic funds transfers.

**WHO IS ELIGIBLE?**

You must be a member in good standing under the age of 75 who is actively at work, working a minimum of 20 hours per week, performing all the regular duties of your occupation on a full-time basis at your customary place of employment. Also, you must be actively at work during the 90 day period immediately prior to the date of enrollment.

**HOW MUCH INSURANCE MAY I SELECT?**

**Option #1 - \$50,000 OR Option #2 - \$100,000**

**WHAT ABOUT MEDICAL QUESTIONS?**

There are no medical questions and no exam is required.

**HOW MUCH DOES VOLUNTARY TERM LIFE COST?**

Because of group purchasing power, this voluntary term life insurance is affordable. Samples of monthly premium costs are shown below. For quarterly costs, multiply the premium by three.

**MONTHLY RATES AND PREMIUM COSTS**

Age	Rate	\$50,000	\$100,000
Under 30	0.09	\$ 4.50	\$ 9.00
30-34	0.11	\$ 5.50	\$ 11.00
35-39	0.13	\$ 6.50	\$ 13.00
40-44	0.19	\$ 9.50	\$ 19.00
45-49	0.30	\$ 15.00	\$ 30.00
50-54	0.50	\$ 25.00	\$ 50.00
55-59	0.85	\$ 42.50	\$ 85.00
60-64	1.25	\$ 62.50	\$ 125.00
65-69	2.10	\$ 105.00	\$ 210.00
70-74	3.70	\$ 185.00	\$ 370.00

Premium rates are based on attained age and change as you move to the next higher age bracket.

**ENROLL NOW**

All you have to do to take advantage of this opportunity is complete the enrollment form and attach a voided check. By doing so, you authorize Boston Mutual Life to debit the premium cost from your account monthly or quarterly. This brochure is intended to provide a summary of available coverage only.

Reductions and exclusions apply and are stated in the master policy.

**CONTACT INFORMATION:**

Any further questions or inquiries, please contact:  
**BEACON CUSTOMER SERVICE** at 888.769.4333  
 or email [April@Beacon-Financial.net](mailto:April@Beacon-Financial.net)

**FRATERNAL ORDER OF POLICE VOLUNTARY GROUP LIFE INSURANCE ENROLLMENT FORM**



Please mail or fax application and a voided check to:

BEACON FINANCIAL GROUP – 101 Town Center Drive, Suite 111 • Warren, NJ 07059 Fax: 908-769-4777

SELECT ONE: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000  Please Select One Payroll Deduction Option: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY  Date you became a Member of the Fraternal Order of Police: _____	<u>HOME OFFICE USE ONLY</u>  Group #: _____ Div. #: _____  Effective Date: _____
---	--

Member Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name of Your Beneficiary(ies) for Life Benefits: *(The total of the Percentage of Benefits must equal 100%) List Additional Beneficiaries on a separate sheet.*

Primary Beneficiary(ies):	% of Benefit	Relationship to You
_____	_____	_____
_____	_____	_____
Contingent Beneficiary(ies):		
_____		
_____		

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary.

– PLEASE ENCLOSE A BLANK VOIDED CHECK –

**AUTHORIZATION AGREEMENT FOR MONTHLY OR QUARTERLY ELECTRONIC FUNDS TRANSFER:** I hereby authorize Boston Mutual Life Insurance Company to initiate debit entries to my account indicated below and the Financial Institution named below to debit the same to such account.

Name of Financial Institution: \_\_\_\_\_ Transit/Routing #: \_\_\_\_\_

Name(s) as shown on the account: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking OR  Savings

**– SIGNATURE REQUIRED –**

I am applying for the insurance for which I am now eligible *(or for which I may become eligible)* under the provisions of the Group Policy. I authorize deductions of the required premium cost from my account. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_