



120 Royall Street, Canton, MA 02021

POLICYHOLDER: BERLIN-BOYLSTON REGIONAL SCHL DIST.

GROUP POLICY NO.: 0018158-00001

CERTIFICATE NO.: AS ON FILE WITH THE POLICYHOLDER

INSURED: CLASS 01 EMPLOYEES OF BERLIN-BOYLSTON REGIONAL SCHL DIST.

EFFECTIVE DATE: AS ON FILE WITH THE POLICYHOLDER

YOUR INSURANCE AMOUNTS ARE LISTED ON THE NEXT PAGE

We have issued a Group Policy (Plan) to the Policyholder. We certify that you are insured: (a) subject to the terms of the Plan; (b) for the benefits described in this booklet. The terms may be changed without your consent or that of your beneficiary. This booklet is not a part of the Plan.

Your insurance will become effective on the date shown in the Box, as long as: (1) you are eligible under the Plan; and (2) you are actively at work on that date; or if not, then on the date you return to work.

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John Rubén Flores
Secretary

Paul A. Quaranto, Jr.
President



POLICYHOLDER: BERLIN-BOYLSTON REGIONAL SCHL DIST.

GROUP POLICY NO.: 0018158-00001

INSURED: CLASS 01 EMPLOYEES OF BERLIN-BOYLSTON REGIONAL SCHL DIST.

LIFE AMOUNT:

\$ 20,000

AD&D AMOUNT:

\$ 20,000

REDUCTION:

UPON THE EMPLOYEE'S RETIREMENT IN ACCORDANCE WITH THE APPLICABLE GENERAL OR SPECIAL LAWS, THE EMPLOYEE'S LIFE INSURANCE IS REDUCED TO \$5,000 AND THE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE IS DISCONTINUED.

BENEFICIARY:

AS IN WRITING, ON FILE WITH THE POLICYHOLDER.

Definitions

Group Policy, Plan

This means the Group Policy we issued to the Policyholder.

Group Policyholder

This means the Policyholder named in the Box.

You

This means the person named in the Box, who is insured by the Plan.

Us, We, Our

Boston Mutual Life Insurance Company.

Beneficiary

This means the person you choose to receive benefits under the Plan if you die.

Disability, Disabled

This means that you are medically unable to do the main duties of any job.

Total Disability, Totally Disabled

This means that: (1) you have been disabled non-stop for at least six months; or earlier if (2) it can be presumed that you will be disabled non-stop for the rest of your life.

Life Insurance

If you die while insured, we will: (1) need to receive proof of your death; (2) pay the life amount shown in the Box. We will pay this amount to the beneficiary named by you.

Accidental Death and Dismemberment Insurance (AD&D)

If you have an accident: (1) while you are insured; (2) and suffer a loss shown below; we will pay:

(1) the full AD&D amount shown in the Box for the loss of:
life;
both hands or both feet;
sight of both eyes;
one hand and one foot;
one hand and sight of one eye;
one foot and sight of one eye; or

(2) one-half the AD&D amount shown in the Box for the loss of:
one hand or one foot; or
sight of one eye.

The loss of: (1) hands or feet must be by severance at or above the wrists or ankles; (2) sight must be total and not recoverable.

We will pay the AD&D amount: (1) to your beneficiary for the loss of life; (2) to you for any other loss. We will not pay more than the full AD&D amount shown in the Box for any one or more losses from the same accident.

We must receive proof that the loss occurred: (1) as a result of an accidental bodily injury and independently of

all other causes; and (2) within 90 days from the date of injury.

We will not pay any AD&D amount if the loss results from:

- (1) bodily injury which occurred before you were insured by the Plan;
- (2) intentionally self-inflicted injury, while sane;
- (3) committing or attempting to commit a felony;
- (4) travel in or descent from any moving aircraft aboard which: (a) you are giving or receiving training; (b) you have any duties; or (c) you are being flown for the purpose of your descent from such aircraft while it is in flight;
- (5) war or any act of war, whether declared or not;
- (6) disease or infirmity of the body or mind or from its medical or surgical treatment;
- (7) bacterial infection.

Waiver of Premium

If you become totally disabled: (1) while you are insured by the Plan; (2) prior to age 60; we will keep your life insurance in force subject to the terms of this clause.

We will need to receive proof of your disability. The proof must be received by us: (1) at our Home Office; (2) in writing; (3) while you are still disabled; (4) within one year from the start of your disability.

Once we approve a claim, your life insurance will be kept in force: (1) with no further premium cost to you or the Policyholder; (2) for the life amount in effect at that time; (3) for as long as you are disabled; (4) whether or not the Plan stays in force. However, if the Plan states that your life amount would: (1) stop; or (2) reduce at a certain age or time, then the same will be true under this disability clause.

We have the right to have proof that you are still disabled: (1) at any reasonable time during the first two years of the disability; and (2) once a year after that.

Your insurance will stop under this clause if: (1) you fail to give us the proof we ask for; (2) you cease to be disabled; or (3) you convert your group life insurance.

Change of Beneficiary

You may change the beneficiary. To make a change: (1) contact the Group Policyholder requesting the change; (2) fill out and sign the required form; and (3) send the form back to them. The change will: (1) take effect on the date you signed the form; (2) be subject to any payments we made or actions we may have taken before we had notice of your change.

Settlement of Death Benefits

We will pay all or part of the life and AD&D amounts, at your choice: (1) in one sum; or (2) in monthly payments in equal amounts over any number of years up to twenty. If when you die, you have not made a choice, your beneficiary may then choose a payment option.

If when you die there is no beneficiary who has survived you, or you did not name one, then we may pay benefits at your death to one or more of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother or father; (4) your brother or sister; or (5) your estate.

We shall be entitled to rely on the statements made by any one of the above. We shall be released from any liability under the Plan to the extent of any payment we make under this clause. To the extent allowed by law, the amount held and the payments made by us shall not be subject to the claims of your creditors or those of your beneficiaries.

When Your Insurance Stops

Your insurance stops on the first of the following dates: (1) when the Plan stops; (2) when you are no longer eligible for insurance under the Plan; (3) at the end of 31 days from when your last premium was due and not paid if the Policyholder requires you to pay part or all of the cost of your insurance; (4) when you leave your job. But if you leave your job due to disability, short term lay-off, or leave of absence, the Policyholder may keep your insurance in force until he chooses to stop it. If you are in active service in the armed forces of a country at war, declared or not, your insurance will stop.

Right to Convert

A. If the Plan is Still in Force - You have the right to convert your group life insurance: (1) if all or part of it stops for any reason; unless (2) it stops because you or the Policyholder did not pay any required premium. You will not have to give us proof of your health at that time.

To convert your group insurance you must apply to us: (1) in writing; (2) within 31 days from when it stops; (3) by paying the first premium for the new policy.

The new policy will be an individual: (1) whole life; or (2) endowment insurance plan. It will not have (1) disability; (2) AD&D; or (3) term insurance.

The new policy you choose will be issued: (1) as of the end of the 31 days after your insurance stops; (2) on a form we use as of its date of issue for (a) your class of risk; (b) your age at that time, nearest birthday; and (c) the amount you apply for.

The amount you apply for may not be more than: (1) the life amount then in force or (2) that part of the life amount which has stopped, whichever is less.

B. If the Plan Stops - You still may convert your insurance: (1) if you have been insured under it for at least 5 years; (2) for the lesser of: (a) \$10,000; or (b) the life amount then in force less any amount you may be

eligible for under any other group plan within the 31 days.

C. Death Benefit During Right to Convert Period - We will pay the life amount: (1) if you die within the 31 day right to convert period; (2) whether or not you have applied to us.

General Provisions

You must write to us about your claim: (1) within 30 days after the loss has occurred; or (2) as soon as you can after that.

We will send you claim forms within 15 days after you tell us about the claim. If we don't send the forms within 15 days, you can send us written proof of your loss. The proof must show: (1) the date the claim started; (2) it's cause; and (3) how serious it is. The proof must be: (1) sent to us not later than 90 days after your loss; or (2) sent to us as soon as you can after that.

You can't start any legal action: (1) until 60 days after you send us the proof; and (2) more than 3 years after the proof is sent.

We, at our own expense, have the right to examine your person: (1) as often as it is reasonably required; (2) while a claim is pending. We may require an autopsy unless it is not allowed by law.

State Changes

If the Plan is delivered to the Policyholder in a State shown below, the changes shown for the State where the Plan is delivered apply to your group insurance benefits.

Pennsylvania

If the Plan is delivered to the Policyholder in Pennsylvania the following changes apply to your group insurance benefits:

- (1) Accidental Death and Dismemberment Insurance will be paid; (a) while you are insured under this Plan; and (b) without regard to when the loss occurs.
- (2) Dismemberment benefits will also be paid as above even if the accident causing the loss occurred before this Plan was in force.
- (3) Disability means that you are medically unable to do the main duties of any job. During the first two years "job" means your regular occupation. After that it is any job that you are or become able to do by virtue of your education, training, or experience.

Tennessee

Notice of Cancellation - Transfer of Coverage

The Policyholder will deliver or mail to you a notice of

cancellation. This notice will:

- (1) be received by you at least 15 days prior to the cancellation;
- (2) state the effective date of cancellation;
- (3) be given to you if the Policyholder is transferring coverage to another insurance carrier;
- (4) be given to you if any or all benefits under this Plan are cancelling.

If the Policyholder fails to give you a notice of cancellation, and you are eligible to convert all or part of your group life insurance, you will have an additional period to convert your group life insurance. This additional period shall expire (15) days after you are given such notice but in no event shall the additional period extend beyond 60 days after the expiration of the period provided by the Plan.

Waiver of Premium - Definition of Disability

Disability means that you are medically unable to do the main duties of any job. During the first two years "job" means your regular occupation. After that it is any job that you are or become able to do by virtue of your education, training, or experience.

Connecticut

Notice of Cancellation - Transfer of Coverage

The Policyholder will deliver or mail to you a notice of cancellation. This notice will:

- (1) be received by you at least 15 days prior to the cancellation;
- (2) state the effective date of cancellation;
- (3) be given to you if the Policyholder is transferring coverage to another insurance carrier;
- (4) be given to you if any or all benefits under this Plan are cancelling.

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street

Canton, MA 02021

ACCELERATED BENEFIT OPTION RIDER

Benefits paid under this Rider may be taxable. Whether or not you or your beneficiary incur a tax liability when benefits are paid depends on how the Internal Revenue Service interprets applicable portions of the tax code. Changes to the tax code are being considered on how to treat these benefits.

Also, eligibility for government sponsored health benefit plans may be affected by acceptance of the benefit provided by this Rider.

As with all tax and financial planning matters, you should consult your personal tax advisor and financial professional to assess the impact of this benefit.

Boston Mutual Life Insurance Company has issued this Rider as part of the Certificate to which it is attached. The effective date of this Rider is the Certificate Effective Date as shown in the Certificate, unless a different date is shown in this Rider.

You may elect to receive the Accelerated Death Benefit when You are diagnosed and certified by a Physician as having a Terminal Illness, subject to all the terms of this Rider.

DEFINITIONS

The definitions stated in the Certificate will also apply in this Rider. The following definitions will also apply.

Terminal Illness

The Insured has a life expectancy of twelve (12) months or less due to illness or physical condition. We will require proof, satisfactory to us, that the Insured is Terminally Ill. This proof will include certification by a licensed physician. We reserve the right to require, at our expense, a second opinion from a Physician acceptable to us.

Immediate Family

Members of your family who can be described as follows: spouse, children, parents, grandparents, grandchildren, and brothers and sisters and their spouses.

Physician

An individual, other than you, or a member of your Immediate Family, who is a doctor of medicine or osteopathy licensed by the jurisdiction in which treatment is received.

Certificate

The Certificate to which this Rider is attached. The Certificate determines the amount of benefits under this Rider.

ACCELERATED DEATH BENEFIT

Amount of Benefit

If You are diagnosed and certified by a Physician as having a Terminal Illness, we will pay you an Accelerated Death Benefit. The minimum Life Amount which we will accelerate is \$10,000. The maximum Life Amount is an integral of \$10,000 which does not exceed the lesser of \$100,000 or 50% of the Life Amount. Such diagnosis must be first made:

- on or after the Rider effective date; and
- while this Rider is in force.

However, the amount of Accelerated Death Benefit will be reduced if, within 6 months after the Date we receive proof, a reduction on account of age would have applied to your Life Amount. In that case, the amount of Accelerated Death Benefit will not exceed the Life Amount after applying the reduction.

You may make a claim for the Accelerated Death Benefit during your lifetime. You may receive an Accelerated Death Benefit only once. This means that if you choose and receive less than 50% of the Life Amount, with your initial claim, you cannot request the balance of the Accelerated Death Benefit at a later date.

If the Certificate has an irrevocable beneficiary or an assignee of record, that person must also sign the claim form for election of benefits under this Rider. We reserve the right to determine the validity of a claim from the information provided on the claim form as well as from any information discovered in our own examination as described above.

Payment of the Accelerated Death Benefit will result in the proportionate reduction of the following, up to 50% or \$100,000, whichever is less:

- Life Amount
- Waiver of Premium Amount

CONDITIONS

Your right to be paid under this Rider is subject to the following conditions:

- You must request this option in writing in a form acceptable to us.
- You must furnish proof, acceptable to us, that your life expectancy is 12 months or less, including certification by a Physician.
- Payment of the Accelerated Death Benefit is available on a voluntary basis only. Therefore you are not eligible for this benefit if:
 - You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise.
 - You are required by a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement.

GENERAL PROVISIONS

Cost Of This Rider

There will be no cost for this Rider unless the Accelerated Death Benefit is exercised. The cost of this Rider shall be the interest in advance of the Accelerated Death Benefit for 12 months. In no event shall the interest rate be higher than the current annual yield on 90 day treasury bills.

The following is the formula used to calculate the interest charged:

Let A = amount of the Accelerated Death Benefit that you requested.

i = annual interest rate charged

I = amount of interest charged

$$I = A - \frac{A}{1 + i}$$

Termination Of This Rider

This Rider will end:

- upon your written request;
- upon termination of the Certificate; or
- when we have paid the Accelerated Death Benefit.

Conformity with State Statutes

If a provision of this Rider conflicts with the statutes of the state in which You reside on the Rider effective date, the provision is automatically amended to meet the minimum requirements of the statute.

Boston Mutual Life Insurance Company



Grant David Ward
Secretary

Secretary

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street
Canton, Massachusetts 02021

DISCLOSURE STATEMENT FOR THE ACCELERATED BENEFIT OPTION AN ACCELERATED DEATH BENEFIT PRODUCT

- A. You may apply for the Accelerated Benefit Option (ABO) if the insured has a life expectancy of 12 months or less due to illness or physical condition. Any Accelerated Benefit amount will be paid in a lump sum.
- B. **PREMIUM FOR ACCELERATED BENEFIT OPTION:**
There is no premium charged for the Accelerated Benefit Option. However, Accelerated Benefits payable are reduced by 1 year's interest calculated at the rate of yield on 90-day Treasury Bills on the date the option is elected.
- C. **IMPACT ON POLICY:**
After the Accelerated Benefit Option has been exercised, the remaining death benefit will continue in force as provided by the terms of the policy. Any Waiver of Premium benefit will continue also reduced by an amount comparable to the death benefit. Any Accidental Death or Dismemberment benefit will be unchanged. Premiums for the continuing benefits will be reduced to correspond to the reduced benefits.
- D. **LIMITATIONS OF THE ACCELERATED BENEFIT:**
- (1) The Accelerated Benefit Option is **NOT** a long-term care policy or nursing home insurance policy. The amount this product pays you may not be enough to cover your medical, nursing home or other bills. You may use the money you receive for any purpose.
 - (2) Accelerated benefits payable under the Accelerated Benefit Option **MAY BE TAXABLE**. You should consult a personal tax advisor.
 - (3) Receipt of accelerated benefits under this product **MAY AFFECT MEDICAID** and **SUPPLEMENTAL SECURITY INCOME (SSI)** eligibility. Without exercising your option to accelerate benefits, we believe the mere fact that you own an accelerated benefit product will not in and of itself affect your eligibility for these government programs. However, exercising the option to accelerate benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Department of Public Welfare for further information about Medicaid eligibility and the Social Security Administration Office for more information pertaining to SSI eligibility.
 - (4) If you voluntarily choose to exercise this option, actual receipt of accelerated benefit process may be considered as available funds accessible to your creditors and/or to the creditors of the insured.
- E. If at any time you wish to submit an accelerated benefit claim, we will send you a letter showing the amount of benefit available and the effects on your contract at that time.
- F. We offer this summary disclosure to help you understand the Accelerated Benefit Option. We do not intend that it change any provisions of the policy.



120 Royall Street, Canton, Massachusetts 02021

*This is the last page of your
Group Insurance Certificate*

*Any additional pages pertain to important
information regarding your Insurance Certificate*