Brown & Brown of Garden City, Inc.
595 Stewart Avenue
Garden City, NY 11530
P: (516) 247-5900 | F: (516) 217-1352

bbinsgc.com

September 1, 2026

SMITH, JOE
123 TEST STREET
NEW YORK NY 11704

Re: Central Islip UFSD
New Retiree Hospital Indemnity Plan

Dear Retiree,

Brown & Brown of Garden City is the broker for Central Islip UFSD's benefit plans. We are pleased to announce a new voluntary Hospital Indemnity Plan being made available to eligible Central Islip CITA retirees, insured through MetLife. This plan is designed to provide additional financial protection in the event of a covered hospital admission or confinement and is offered at an affordable cost to you.

This is a one-time enrollment opportunity. Coverage will not be offered again in the future, so if you are interested in enrolling, you must act by the deadline below.

Plan Highlights

Enclosed is a flyer with details on the coverage. Some highlights are:

- Covers: Hospitalization due to accident or sickness, 24 hours a day
- Admission Benefit: **$500**, payable once per calendar year
- Confinement Benefit: **$50 per day**, up to 15 days per calendar year
- Eligible Dependents: Spouses and children up to age 26
- Coverage effective date: November 1, 2026

Billing Information

Premiums are billed annually, and if you elect coverage, you will receive an invoice from our billing partner, Trionfo, in late October or early November for the coverage period of 11/1/2026–10/31/2027. The invoice will include Trionfo's payment options and instructions. Please note a billing fee of $6.25 per annual invoice applies.

Coverage Tier	Annual Cost
Retiree Only	$169.80
Retiree + Spouse	$339.96
Retiree + Children	$200.04
Retiree + Spouse and Children	$370.20

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How to Enroll

If you would like to enroll the Hospital Indemnity plan, please respond no later than October 15th using one of the following methods:

- **Paper Form**: Fill out the enclosed form and return it to our office via mail or email
- **Online**: Visit https://tinyurl.com/central-islip or scan the QR code at the bottom of the page

Elections cannot be accepted after October 15, and this coverage will not be offered again, so we encourage you to submit your election as soon as possible.

Please note that any questions regarding your coverage should still come to our office, while questions regarding your invoice or making a payment should be directed to Trionfo.

If you have any questions about this plan or need help completing the election form, please contact Brandon Wenke at (516) 247-5804 or brandon.wenke@bbrown.com.

Sincerely,

Brown & Brown of Garden City, Inc.

QR Code for online election form:

Central Islip UFSD
Retiree Election Form

INSTRUCTIONS:

This notice must be completed and returned **no later than October 15th.** If you have any questions, please contact Brandon Wenke at (516) 247-5804 or brandon.wenke@bbrown.com.

Mail	Email
Brown & Brown of Garden City 595 Stewart Avenue Garden City, NY 11530	Brandon.wenke@bbrown.com

Information

Name: _____

Date of Birth: ____/____/_____

Social Security Number: _____

Gender: ☐ Male ☐ Female

Address: _____

City, State, Zip: _____

Email Address: _____

Phone Number: _____

Coverages Selected

Please make your selection below. Note the costs are based upon the 12-month billing period of 11/1/2026 – 10/31/2027 and do not include the $6.25 per annual invoice fee:

☐ Retiree Only Coverage - **$169.80**

☐ Retiree + Spouse Coverage - **$339.96**

☐ Retiree + Child(ren) Coverage - **$200.04**

☐ Retiree + Spouse and Child(ren) Coverage - **$370.20**

Dependent Information

Relationship	Last Name	First Name	Date of Birth	Gender	Social Security Number	Vision (Y/N)	Hospital (Y/N)
Spouse							
Child							
Child							
Child							
Child							
Child							

Signature: _____

Date Signed: _____

Central Islip UFSD

MetLife

Group Hospital Indemnity Benefits

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	1 time(s) per calendar year	Admission	$500
Confinement Benefit	15 days per calendar year	Confinement[4]	$50

If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

How to Use the Plan

To submit a claim, complete the Hospital Indemnity claim form and include an itemized hospital bill or discharge paperwork showing the dates of admission and/or confinement.

The claim form is available at https://tinyurl.com/hospital-claim-form. Completed forms can be submitted directly to MetLife using the instructions provided on the form.

Plan Details	
Coverage Type	Hospitalization Reason – Accident & Sickness: 24 Hour coverage
Eligibility	• Must be a resident of the United States. • A retiree must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. • Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children may vary by state.
Waiting Period for Sickness - Hospital Admission and Confinement Benefits	None
Pre-Existing Condition Limitation	6 months prior; exclude for 6 months. Only applicable to Sickness-Hospital Benefits.
Complications of Pregnancy	Complications of pregnancy and emergency Cesarean section are covered.
Routine Childbirth[,6]	Not covered
Mental Illness	Treatment for mental illness is not covered.
Drugs & Alcohol	Treatment for alcoholism and drug addiction in a hospital is not covered. Injury or illness resulting from drug misuse, alcohol taken in combination with drugs, and driving under the influence are not covered.