

# ECIP

*Employee  
Critical  
Illness plus*

## Employee Critical Illness Plus SPECIFIED DISEASE WITH CANCER *Financial Protection for the Unexpected*



- Includes Cancer Benefit
- Initial Occurrence
- Additional Occurrence
- Reoccurrence
- Spouse Coverage Available
- Child Coverage at No Additional Cost

*Protection for the  
Unexpected!*



**THIS IS A LIMITED BENEFIT POLICY**

Approved for use in: NC

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021

## THE FACTS - ACCORDING TO MEDICAL STATISTICS

- Over 1.6 million new cancer cases are expected to be diagnosed in 2015. <sup>1</sup>
- Cancer survival rates continue to improve. The 5-year survival rate for all cancers diagnosed between 2004 and 2010 is now 68%. However cancer is the second most common cause of death in the US, accounting for nearly 1 in every 4 deaths. <sup>1</sup>
- Each year, an estimated 600,000 Americans will have a new coronary attack and 305,000 will have a recurrent attack. <sup>2</sup>
- On average, someone in the US has a stroke every 40 seconds. <sup>2</sup>

<sup>1</sup> Cancer Facts & Figures 2015 - American Cancer Society

<sup>2</sup> Heart Disease and Stroke Statistics - 2016 Update American Heart Association

## ELIGIBILITY

### INDIVIDUAL ELIGIBILITY

All full-time members, as defined by the master policy are eligible. If a member is eligible, his/her spouse ages 18-69, is eligible for coverage.

### SPOUSE COVERAGE AVAILABLE

The member may elect to apply for spouse coverage. Benefit amounts for the spouse are up to 50% of the member amount. If the member does not meet the underwriting requirements, the spouse may still be eligible for coverage. Spouse means a person of the opposite or same sex recognized as the insured's spouse/partner under the laws of the state.

### CHILDREN COVERAGE AT NO ADDITIONAL CHARGE

Each eligible child is covered at 25% of the primary insured amount at no additional charge. The definition of children may vary by state. Please review your certificate carefully.

### EFFECTIVE DATE OF COVERAGE

Coverage is effective on the date the application is signed, provided that the member is actively at work and premiums for the coverage are paid.

### PORTABILITY

The coverage is portable providing your coverage has been in force for 1 month after your certificate date and the group contract remains in force. Coverage will be continued at the same premium and coverage amounts then in force.

## PLAN BENEFITS

### INITIAL OCCURRENCE BENEFIT

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Member benefit amounts are available from \$5,000 to \$50,000.

### ADDITIONAL OCCURRENCE BENEFIT

If an insured collects benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the benefit amount for each additional illness provided the occurrences are separated by at least 6 months.

### RE-OCCURRENCE BENEFIT

If an insured collects benefits for a covered condition and is later diagnosed with the same condition, we will pay the benefit again provided that the two dates of diagnosis are separated by at least 6 months. (12 months treatment free for Cancer/Carcinoma *in situ*).

Covered Specified Critical Illnesses	Percent of Benefit Amount
Cancer	100%
Carcinoma in situ	30%
Skin Cancer	\$300 one-time (lifetime)
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

All covered conditions are subject to the definitions found in the member's certificate.

Eligible Children are also covered for the following childhood Specified Critical Illnesses at 25% of the employee benefit amount:

- Cerebral Palsy
- Cleft Lip or Palate
- Down Syndrome
- Cystic Fibrosis
- Spina Bifida

# ECIP *Employee Critical Illness plus* Tobacco/No Tobacco Premium Rates

**RATES INCLUDE THE FOLLOWING:** Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion and Age 70 Reduction. Spouse is eligible to apply for up to 50% of the employee amount. Includes 25% benefit for eligible children.

## Member Non-Tobacco Rates

### Face Purchase – Monthly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00
30 - 39	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00
40 - 49	\$9.00	\$18.00	\$27.00	\$36.00	\$45.00	\$54.00	\$63.00	\$72.00	\$81.00	\$90.00
50 - 59	\$15.30	\$30.60	\$45.90	\$61.20	\$76.50	\$91.80	\$107.10	\$122.40	\$137.70	\$153.00
60 - 69	\$26.00	\$52.00	\$78.00	\$104.00	\$130.00	\$156.00	\$182.00	\$208.00	\$234.00	\$259.99
* 70 +	\$52.00	\$104.00	\$156.00	\$208.00	\$259.99	NA	NA	NA	NA	NA

## Member Tobacco Rates

### Face Purchase – Monthly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.70	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20	\$25.90	\$29.60	\$33.30	\$37.00
30-39	\$7.70	\$15.40	\$23.10	\$30.80	\$38.50	\$46.20	\$53.90	\$61.60	\$69.30	\$77.00
40-49	\$15.70	\$31.40	\$47.10	\$62.80	\$78.50	\$94.20	\$109.90	\$125.60	\$141.30	\$157.00
50-59	\$28.30	\$56.60	\$84.90	\$113.20	\$141.50	\$169.80	\$198.10	\$226.40	\$254.69	\$282.99
60-69	\$50.00	\$100.00	\$150.00	\$200.00	\$249.99	\$299.99	\$349.99	\$399.99	\$449.99	\$499.98
* 70 +	\$100.00	\$200.00	\$299.99	\$399.99	\$499.98	NA	NA	NA	NA	NA

\* Benefit amounts for individuals who are age 70 and over and applying for coverage have already been reduced by 50%.

## Spouse Non-Tobacco Rates

### Face Purchase – Monthly Premiums

Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50
30 - 39	\$2.45	\$4.90	\$7.35	\$9.80	\$12.25	\$14.70	\$17.15	\$19.60	\$22.05	\$24.50
40 - 49	\$4.50	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$31.50	\$36.00	\$40.50	\$45.00
50 - 59	\$7.65	\$15.30	\$22.95	\$30.60	\$38.25	\$45.90	\$53.55	\$61.20	\$68.85	\$76.50
60 - 69	\$13.00	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00	\$91.00	\$104.00	\$117.00	\$130.00

## Spouse Tobacco Rates

### Face Purchase – Monthly Premiums

Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$1.85	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10	\$12.95	\$14.80	\$16.65	\$18.50
30 - 39	\$3.85	\$7.70	\$11.55	\$15.40	\$19.25	\$23.10	\$26.95	\$30.80	\$34.65	\$38.50
40 - 49	\$7.85	\$15.70	\$23.55	\$31.40	\$39.25	\$47.10	\$54.95	\$62.80	\$70.65	\$78.50
50 - 59	\$14.15	\$28.30	\$42.45	\$56.60	\$70.75	\$84.90	\$99.05	\$113.20	\$127.35	\$141.50
60 - 69	\$25.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$249.99

## LIMITATIONS & EXCLUSIONS

### BENEFIT REDUCTION

Specified Critical Illness benefits are reduced by 50% starting age 70.

### WAITING PERIOD

This coverage contains a 30 day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed with a Specified Critical Illness during the Waiting Period. The Waiting Period starts on the Certificate Application Date. The Waiting Period is shown on the Certificate Schedule. If an Insured is first diagnosed during the Waiting Period, you may elect to void the Certificate from the beginning and receive a full refund of premium.

### PRIOR HISTORY OF CANCER

No benefits are payable for Cancer or Carcinoma in Situ if the Insured was previously diagnosed with a related cancer before this Certificate was in force and, after the previous diagnosis, the Insured has not gone 12 months without Treatment before a new diagnosis of Cancer/Carcinoma in situ is made.

### PRE-EXISTING CONDITIONS LIMITATION (Not applicable to Insureds with a Prior History of Cancer or Carcinoma in Situ - See PRIOR HISTORY OF CANCER)

This plan contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Critical Illness claim during the first 180 days, starting from the Certificate Application Date, no benefits will be payable for that claim.

Pre-existing Condition means a sickness or physical condition which, within 180 days prior to the Certificate Application Date, resulted in medical advice or Treatment.

We will not pay benefits for any condition or Illness starting within the Pre-existing Condition Period from the Certificate Application Date which is caused by, contributed to, or resulting from a Pre-existing Condition. A claim for benefits for loss starting after the Pre-existing Condition Period from the Application Date of an Insured will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

There are no benefits payable for any Specified Critical Illness where the date of diagnosis is prior to the Effective Date of this policy or diagnosed during the 30 day waiting period.

### EXCLUSIONS

We won't pay for a loss due to:

1. Intentionally self inflicted injury or action while sane or insane.
2. Suicide or attempted suicide while sane or insane.
3. Substance Abuse, except for substance abuse innocently sustained at the hands of a Doctor.
4. War - declared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.  
For purposes of this exclusion, war does not include an act of terrorism.

### ADDITIONAL INFORMATION

You have the right to return the Certificate within ten (10) days of its delivery and have the premium refunded if, after examination of the Certificate, You are not satisfied for any reason.

This insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date You cease to meet the definition of a Member as defined in the Plan; or
4. on the date You are no longer a member of the class eligible.

The rates shown can be changed annually but not more than every 6 months. The Company will give the Policyholder written notice 45 days prior to the date any change in rates is to be effective.

**To be eligible for benefits, the date of diagnosis must be after the 30 day waiting period and while this coverage is in force.**

*Underwritten by:*



**BOSTON MUTUAL LIFE INSURANCE COMPANY**

120 Royall Street • Canton, Massachusetts 02021 • [www.bostonmutual.com](http://www.bostonmutual.com)

FOR CLAIMS CALL TOLL FREE: 1-877-212-2950 • FOR CUSTOMER SERVICE CALL TOLL FREE: 1-877-624-2249

*This brochure provides a general description of the important features of the policy/certificate. This brochure is not the insurance contract and only the actual policy/certificate provisions will control.*

*See certificate for detail regarding exclusions.*