TO ALL EMPLOYEES:

OVERVIEW — GROUP TERM LIFE INSURANCE PLAN

The Town of Cohasset offers its employees basic group term life insurance coverage. This program is insured by Boston Mutual Life Insurance Company. At this time, as a new employee, working 20 or more hours per week, the basic group life plan is open for enrollment, with no health questions asked, subject to the plan limitations. This plan affords important protection, and we suggest you take a few moments to review this special option.

PLAN DETAILS — BASIC GROUP TERM LIFE INSURANCE

The Town’s basic life insurance plan provides life insurance and an equal amount of Accidental Death and Dismemberment coverage for eligible employees. The town and the insured employee share the cost for this plan. Once enrolled in the plan, this coverage will remain in effect as long as you remain in an eligible class of employees and contributions are made.

Upon retirement, your benefit (of life insurance and an equal amount of Accidental Death and Dismemberment coverage) will remain. This benefit will continue as long as premium payments are made.

HOW TO ENROLL

To enroll in this program, simply complete an enrollment card and return it to Treasurer’s Office.
TO ALL EMPLOYEES:

OVERVIEW — VOLUNTARY GROUP TERM LIFE INSURANCE PLAN

The Town of Cohasset offers its employees voluntary group term life insurance coverage. This program is insured by Boston Mutual Life Insurance Company. At this time, as a new employee, working 20 or more hours per week, the voluntary group life plan is open for enrollment, with no health questions asked, subject to the plan limitations. This plan affords important protection, and we suggest you take a few moments to review this special option.

PLAN HIGHLIGHTS — VOLUNTARY GROUP TERM LIFE INSURANCE

- Coverage for employees to $100,000 with no health questions
- Employees under age 40 can purchase $100,000 coverage for $15.00 per month, or less
- Spouses can be insured for up to $30,000 with no health questions
- Premiums lock at age of issue for term of employment.

(1) Maximum benefit with no health questions for eligible employees, and spouses, to age 60 under upgraded plan, subject to limitations detailed in the plan brochure.

ADDITIONAL PLAN DETAILS

Please refer to the following brochure for additional details regarding the voluntary group term life plan. To select voluntary coverage, the employee must have basic life coverage.

HOW TO ENROLL

To enroll in this program, simply complete an enrollment card and return it to the Treasurer's Office.
TO ALL EMPLOYEES:

OVERVIEW — VOLUNTARY GROUP LONG TERM DISABILITY INSURANCE PLAN

The Town of Cohasset offers its employees voluntary group long term disability (LTD) coverage. This program is insured by Boston Mutual Life Insurance Company. At this time, as a new employee, working 20 or more hours per week, the voluntary group LTD plan is open for enrollment, with no health questions asked, subject to the plan limitations. This plan affords important protection, and we suggest you take a few moments to review this special option.

PLAN HIGHLIGHTS — VOLUNTARY LTD COVERAGE

• Coverage to $5,000 per month with no health questions

• Employees under age 40 can purchase $5,000 coverage for $13.50 per month, or less

• Premiums lock at age of issue for term of employment.

(1) Maximum benefit with no health questions for eligible employees, subject to limitations detailed in the plan brochure.

ADDITIONAL PLAN DETAILS

Please refer to the following brochure for additional details regarding the voluntary LTD plan. To select LTD coverage, the employee must have basic life coverage.

HOW TO ENROLL

To enroll in this program, simply complete an enrollment card and return it to the Treasurer’s Office.
Voluntary Life and Accidental Death & Dismemberment

Added Protection for You and Your Family...

Everyone has the need for financial security, but the needs of each employee can vary. To help meet these needs, Boston Mutual Life Insurance Company and the Town of Cohasset are proud to offer a Group Voluntary Life and Accidental Death & Dismemberment program for you and your family.

Eligibility:
You, as an active full-time employee working 20 hours or more per week, your spouse, your unmarried children ages 14 days to 19 years (to age 25 if a full-time student), and handicapped children over the age of 19 are eligible for coverage. Dependents may not be insured if they are confined in a medical facility.

Available Insurance:
You have the flexibility to choose coverage in units of $10,000 to a maximum of $300,000. However, the maximum coverage amount may not exceed five times your annual salary.

Family Coverage:
You may insure your spouse in units of $5,000 to a maximum of $50,000, not to exceed 50% of your coverage amount.

Dependent children age 1-19 years (up to 25 if full-time student) are eligible for $10,000.

Dependent children 14 days to 1 year are eligible for $1,000.

A spouse or child who is an employee cannot be insured as a dependent. If both spouses are insured employees of the same group, their children can only be insured as dependents of one spouse.

Medical Questions:
If you and your dependents enroll within 31 days of becoming eligible, you and your spouse may purchase a specific amount of insurance on a guaranteed basis. No medical questions asked for coverage at or under the Guaranteed Issue Amount.

Guaranteed Issue Amounts:

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 60</td>
<td>$100,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>60-69</td>
<td>$50,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>*70 and Over</td>
<td>$10,000</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

* Employee's insurance reduction schedule applies (Refer to the section: “Are there Reductions?”).

Guaranteed Issue coverage will become effective on the later of: the effective date of the group policy; or the date the application is received by Boston Mutual. Proof of good health satisfactory to Boston Mutual is required for amounts above the Guaranteed Issue Amounts.

Premium Cost:
Sample Monthly payroll deductions for you and your spouse each are shown below:

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium Rate per $1,000</th>
<th>Monthly</th>
<th>Per Volume of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 35</td>
<td>0.11</td>
<td>1.10</td>
<td>2.20</td>
</tr>
<tr>
<td>35-39</td>
<td>0.15</td>
<td>1.50</td>
<td>3.00</td>
</tr>
<tr>
<td>40-44</td>
<td>0.22</td>
<td>2.20</td>
<td>4.40</td>
</tr>
<tr>
<td>45-49</td>
<td>0.34</td>
<td>3.40</td>
<td>6.80</td>
</tr>
<tr>
<td>50-54</td>
<td>0.54</td>
<td>5.40</td>
<td>10.80</td>
</tr>
<tr>
<td>55-59</td>
<td>0.82</td>
<td>8.20</td>
<td>16.40</td>
</tr>
<tr>
<td>60-64</td>
<td>1.20</td>
<td>12.00</td>
<td>24.00</td>
</tr>
<tr>
<td>65-69</td>
<td>1.98</td>
<td>19.80</td>
<td>39.60</td>
</tr>
</tbody>
</table>

Premium rates are based on age at initial entry and do not change as individuals attain higher ages. Premium rates for members age 70 and over are available. Please contact your Benefits Administrator for details.

Dependent Cost:
The total monthly premium cost to insure all eligible dependent children for Life Insurance is only $1.90 per Family Unit. All life coverage for dependent children is Guaranteed Issue.

Portability Privilege:
If you leave your employment, the coverage is “portable” for yourself, spouse, and dependent children. The coverage would not include Waiver of Premium or AD&D.

Conversion Privilege:
Yes, you may convert your Voluntary Life coverage for yourself, spouse, and children to a whole life policy without proof of good health, if you apply within 31 days of the date coverage terminated, and it did not terminate due to non-payment of premium. The premiums are based on Boston Mutual’s usual rate for the insured's age on the date of conversion.
Accelerated Death and Dismemberment Benefit:
The Accelerated Death Benefit provision enables an employee diagnosed with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary.

What Happens if I Become Totally Disabled?
If you become totally disabled prior to age 60 and remain very disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums.

What is AD&D?
It doubles the Life Insurance benefit if death is due to an accident. Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. AD&D is only available for employees and their spouses.

The Education Benefit:
We will pay a percentage of an employee’s life insurance benefit to a maximum of $2,500 per year, for up to four years of education, to each qualifying dependent if the employee’s death is the result of an accident while covered under Group Voluntary AD&D. (Not available in all states)

The Seat Belt Benefit:
We will pay an additional 50% of the AD&D benefit, not to exceed $10,000, in the event of an insured’s death because of an automobile accident while wearing a properly secured seat belt.

Are There Reductions?
Yes, they are stated in the master policy and your certificate.
- Employee’s Life insurance reduces upon the attainment of age 70 and periodically thereafter in accordance with the following schedule:
  o To 65% of the original benefit at age 70;
  o To 50% of the original benefit at age 75;
  o To 35% of the original benefit at age 80;
  o To 25% of the original benefit at age 85;
  o To 20% of the original benefit at age 90;
  o To 15% of the original benefit at age 95
- Spouse’s insurance terminates upon the attainment of age 70.
- Dependent Children terminate upon notice to Boston Mutual that all dependents children are no longer eligible.
- All insurance benefits shall terminate upon retirement.

Are There Exclusions?
Under the AD&D coverage, benefits are not payable for losses caused by or contributed to by self-inflicted injuries, suicide or attempted suicide, riot or war, diseases, ptomaine or bacterial infection, drug and/or alcohol abuse, commission of an assault or felony by an employee, accident while serving on active duty, travel or flight in any aircraft or devise (does not apply to commercial flights) or injury which occurred before the Employee was insured by this policy.

Bereavement Counseling:
Our Counseling partner, Health Management Systems of America- a nationally recognized leader in the field of Mental and Behavioral Health Care Services, provides this service to all beneficiaries 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.

How Do I Apply?
Complete the enrollment form. When you sign it, you are giving your employer authorization to deduct the premiums from your pay. We will process your application quickly. Coverage in excess of the Guaranteed Issue amount will become effective on the date Boston Mutual approves your application.

This handout is intended to provide a summary of available coverage only. State variations to plan designs and/or benefit maximums may apply.
GROUP BENEFITS ENROLLMENT FORM

Employer/Policyholder

Employee Name (Last, First, Middle)

Home Address (Street, City, State, Zip)

Gender (M/F) Occupation or Job Title Date of Birth Age

Average Hours Worked Date of Hire or Date of Full Time Employment if different Effective Date State Class

Spouse (Last, First, Middle)

PAYROLL TYPE:

Weekly Bi-Weekly Type:

Monthly Annual Earnings: $

You Must Have Basic Coverage to Elect Voluntary Coverage

BASIC:

Group # Div. YES NO Insurance Amount

LIFE & AD&D $

You Must Have Voluntary Coverage to Elect Dependent Coverage

VOLUNTARY:

Group # Div. YES NO Insurance Amount

LIFE & AD&D $

SPouse $

DEPENDENT LIFE:

CHILD(REN) $

Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet

Primary Beneficiary(ies):

% of Benefit Relationship Address

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. If an insured dependent dies, we will pay the proceeds to you.

ACCEPTANCE OF INSURANCE - Employee Signature Required

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance. I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work. 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 Employee Date

REFUSAL OF INSURANCE

Employee Name (Last, First, Middle)

I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:

Basic Life & AD&D Voluntary Life & AD&D Dependent Life

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee Date

Signature of Witness Date
TOWN OF COHASSET

<table>
<thead>
<tr>
<th>Coverage</th>
<th>GROUP ISSUE AGE LTD PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hour</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Percentage</th>
<th>60% of your basic earnings</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Available Purchase Amounts</th>
<th>$300-$5,000 per month in $100 increments, up to 60% of your monthly earnings.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maximum Guaranteed Issue Amounts</th>
<th>* $5,000 per month*&lt;br&gt;<em>With 20% participation in your employer group.</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>90 Days or 180 Days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Benefit Duration</th>
<th>To Age 65</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pre Existing Condition Exclusion</th>
<th>Any disability caused by sickness or injury which you have received treatment for in the 12 months prior to your effective date of coverage will not be covered unless the disability began more than 12 months after the insured’s effective date of coverage.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Definition of Disability</th>
<th>Own Occupation for the first 24 months; any occupation thereafter</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disabled and Working (Residual Benefits)</th>
<th>Pays a discounted benefit when current earnings are more than 20%, but less than or equal to 80% of pre-disability earnings.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Offsets at time of Claim</th>
<th>Limited</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Treated the same as any other Illness (SAAO)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mental Illness &amp; Drug &amp; Alcohol Benefit</th>
<th>100% of the benefit for up to 12 months</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Waiver of Premium</th>
<th>Same, however LTD is also waived earlier if Your Choice STD plan is in place</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Issue Ages</th>
<th>8 age bands</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rate Structure</th>
<th>Issue Age, Unisex, Unismoke.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Hours Worked Requirement</th>
<th>20 hours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claims Service</th>
<th>Paper Claims</th>
</tr>
</thead>
</table>

This information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator or refer to your certificate for policy provisions.
Boston Mutual DI Solution - 30 Day STD Elimination Options

Sample Bi-Weekly Rate Chart - Various - SPECIFIC - benefit amounts available

RATES ON ENROLLMENT FORM MAY BE OMITTED - BOSTON MUTUAL WILL CONFIRM DEDUCTION

<table>
<thead>
<tr>
<th>Benefit</th>
<th>STD $100 per week</th>
<th>STD $100 per week</th>
<th>LTD $500 Per Month</th>
<th>LTD $500 Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 25</td>
<td>$4.57</td>
<td>$6.29</td>
<td>$2.19</td>
<td>$1.50</td>
</tr>
<tr>
<td>25-29</td>
<td>$4.57</td>
<td>$6.29</td>
<td>$2.19</td>
<td>$1.50</td>
</tr>
<tr>
<td>30-34</td>
<td>$3.96</td>
<td>$5.40</td>
<td>$3.00</td>
<td>$1.94</td>
</tr>
<tr>
<td>35-39</td>
<td>$2.91</td>
<td>$4.03</td>
<td>$3.81</td>
<td>$2.70</td>
</tr>
<tr>
<td>40-44</td>
<td>$2.38</td>
<td>$3.17</td>
<td>$6.07</td>
<td>$4.32</td>
</tr>
<tr>
<td>45-49</td>
<td>$2.58</td>
<td>$3.52</td>
<td>$8.63</td>
<td>$6.83</td>
</tr>
<tr>
<td>50-54</td>
<td>$2.98</td>
<td>$3.91</td>
<td>$10.15</td>
<td>$8.03</td>
</tr>
<tr>
<td>55-59</td>
<td>$3.40</td>
<td>$4.50</td>
<td>$12.00</td>
<td>$9.55</td>
</tr>
<tr>
<td>60-64</td>
<td>$3.60</td>
<td>$4.75</td>
<td>$12.30</td>
<td>$9.72</td>
</tr>
<tr>
<td>65 and older</td>
<td>$3.96</td>
<td>$5.41</td>
<td>$12.30</td>
<td>$9.72</td>
</tr>
</tbody>
</table>

CONTACT SANDRA PARNELL, OR BOSTON MUTUAL AT (617) 696-4455 FOR DETAILS

ALL RATES ARE BI WEEKLY
BOSTON MUTUAL LIFE INSURANCE COMPANY
APPLICATION FOR DISABILITY INSURANCE

PART A

1. Employee’s Name - Last First Middle

2. Employee’s Address - Number and Street (not a P.O. Box) City State Zip Home Phone Number

3. Social Security Number

4. Birthdate (Month, Day, Year)

5. Age

6. Gender

    □ Male    □ Female

7. State of Birth

8. Name of Employer

9. Employer Class

10. Occupation

11. Date of Employment (Month, Day, Year)

12. Location

13. Current Monthly Earnings (subject to verification)


14. Are you currently actively at work and able to perform the duties of your occupation? □ YES □ NO Average # of Hrs/Week:

15. Have you had a: a) heart attack; b) heart bypass; c) coronary artery disease; d) stroke; e) cancer (other than basal or squamous cell skin cancer); and/or f) a positive test result for HIV? □ YES □ NO

   Have you been hospitalized in the last 90 days (for any reason) or been recommended to seek: a) medical advice; b) treatment; c) care; and/or d) counseling that has not yet been performed? □ YES □ NO

16. Benefit Period Elimination Period Weekly Income Amount Weekly Premium Amount

    STD Monthly Income Amount Weekly Premium Amount

    LTD Monthly Income Amount Weekly Premium Amount

17. Riders

    Weekly Premium Rider Amt.

    Weekly Premium Rider Amt.

    Total Weekly Premium

18. Is the coverage applying for intended to replace or be in addition to other coverage you now have? □ Yes □ No

   If “Yes”, please list name of company and coverage amount:

   A. I hereby apply to Boston Mutual Life Insurance Company for coverage of Disability Insurance to be issued solely and entirely in reliance on my written answers to parts A and B. I certify that the answers given are true to the best of my knowledge and belief.

   B. The insurance applied for shall be in force as of the effective date of my certificate, provided that the company approved the application without any modification as to plan, amount or premium, and further provided that the Company receives the first premium payment from my employer within 90 days from the date hereof. If the first premium is not received within 90 days, no insurance will become effective. If the application is approved with any such modification, the insurance shall not take effect if there has been a change in the health of any person to be insured as stated since the date of the application.

   C. I understand that: “pre-existing conditions” are generally not covered under the coverage(s) applied for and I should read my Certificate for a more detailed explanation of the pre-existing exclusion. I understand that: other income I am entitled to receive may affect my coverage and I should read my Certificate for more detailed information regarding the effect other income may have on my benefit.

   D. The undersigned proposed insured certifies that they have read the completed application and that the proposed insured realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

   E. The agent has no authority to waive the answer to any question in, or to modify the application.

   F. I acknowledge that I have received a copy of Boston Mutual’s Notice of Privacy Practices.

   CAUTION: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated  X

   (City and State)      (Month)      (Day)      (Year)     Proposed insured’s signature

Agent’s signature X

Print Agent’s Name Agent’s NPN #