



SMALL GROUP TRUST (2-9 employees)

Name of Municipality _____

Date _____

Life and Accidental Death Yes No

Life Only: Flat \$10,000 Flat \$25,000 Flat \$50,000 1x salary to \$50,000

Life & AD&D: Flat \$10,000 Flat \$25,000 Flat \$50,000
 1 x salary to \$50,000

Dependent Coverage: Yes (\$2,000 Spouse, \$1,000 Each Child)

Short Term Disability Yes No

Plan B:
- 8 day wait for accident and sickness
- 60% of pay to maximum benefit of \$500 per week
- 25 week benefit period

Plan D:
- 8 day wait for accident and sickness
- 50% of pay to maximum benefit of \$500 per week
- 25 week benefit period

Long Term Disability Yes No

Plan A:
(Not available with STD coverage)
- 90 day wait payable to age 65
- 50% of pay to a maximum of \$1,500 per month

Plan B:
(Not available with STD coverage)
- 90 day wait payable to age 65
- 60% of pay to a maximum of \$3,000 per month

Plan C:
- 180 day wait payable to age 65
- 60% of pay to a maximum of \$4,000 per month

Plan D:
- 180 day wait payable to age 65
- 50% of pay to a maximum of \$1,500 per month