

City of Peabody
Colonial Life – Group Critical Illness

Critical Illness Insurance provides financial protection for the unexpected

- **Provides lump sum benefits:** upon diagnosis of Cancer, Heart Attack, Stroke, Organ Failure, Renal Failure & Coma
- **Family coverage available:** employee spouse and dependent children eligible for coverage
- **Health screening benefit:** \$100 benefit paid to policyholder each year a health screening benefit is completed
 - **Tests include:** Pap smear, Mammography, Colonoscopy, Stress test, Serum cholesterol test, EKG, ECHO and PSA
- **Portable:** Coverage comes with you if you leave your job, cost and coverage remain the same based on enrolment age

Critical Illness – Non-Tobacco Bi-weekly Premiums – Please Circle Desired Coverage
Get locked in at your current rate and can be brought with you for lifetime coverage

	\$10,000	\$20,000	\$30,000
Ages 20-29	\$4.73	\$6.39	\$8.05
Ages 30-39	\$6.35	\$9.62	\$12.90
Ages 40-49	\$9.85	\$16.64	\$23.42
Ages 50-59	\$15.49	\$27.90	\$40.32
Ages 60-74	\$23.05	\$43.04	63.02

*Preexisting condition clause applies for the first 12 months (please reach out with questions)

Employee: ___ **Employee & Spouse:** ___ **One Parent Family:** ___ **Two Parent Family:** ___

COVERAGE AMOUNT: _____ **Bi-weekly Premium:** _____

APPLICANT INFORMATION

NAME: _____ **BIRTHDATE** _____ **SS#** _____ **HOME PHONE** _____

SPOUSE NAME: _____ **SPOUSE BIRTHDATE:** _____ **NUMBER OF DEPENDENTS:** _____

HOME ADDRESS _____ **STATE/COUNTRY OF BIRTH** _____

DATE OF HIRE _____ **JOB TITLE** _____ **HOURS WORKED** _____ **ANNUAL INCOME** _____

EMAIL ADDRESS _____ **CELL PHONE** _____

BENEFICAIRY: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

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