

Elite Insurance Associates is partnering with Boston Mutual.
Benefits designed for Firefighters by Firefighters!

ECIP

*Employee
Critical
Illness plus*

Employee Critical Illness Plus *Financial Protection for the Unexpected*



- Includes Cancer Benefit
- Initial Occurrence
- Additional Occurrence
- Reoccurrence
- Spouse Coverage Available
- Child Coverage Available
- Health Screening Benefit

*Protection for the
Unexpected!*

Florida's First Responders

1-904-527-1315



Elite Insurance Associates

*(Available to members of the Florida
Professional Fire Fighters Union)*

Approved for use in: Florida

THIS IS A LIMITED BENEFIT POLICY

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. ¹
- 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. ¹
- Each year, an estimated 600,000 Americans will have a new coronary attack and 305,000 will have a recurrent attack. ²
- On average, someone in the US has a stroke every 40 seconds. ²

¹ *Cancer Facts & Figures 2015 - American Cancer Society*

² *Heart Disease and Stroke Statistics - 2016 Update American Heart Association*

ELIGIBILITY

INDIVIDUAL ELIGIBILITY

All full-time members up through age 69 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. 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 AVAILABLE

You may also apply for coverage for your Children. The benefit amount for each eligible Child is 50% of your benefit amount. All Eligible Children are included in the Children's rate. To be eligible, your child must be under the age of 26.

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 \$30,000 in \$5,000 increments.

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.

If children coverage is applied for, eligible children are also covered for the following childhood Specified Critical Illnesses at 50% of the member benefit amount:

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

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

RATES INCLUDE THE FOLLOWING: Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion, and the \$75 Health Screening Benefit Rider. Your spouse is eligible to apply for benefit amounts up to 50% of your benefit amount. If you apply for Children coverage, the Children benefit amount you select must be 50% of the member benefit amount.

Member Rates							Face Purchase - Weekly Premiums					
ISSUE AGES	NON-TOBACCO						TOBACCO					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$0.72	\$0.91	\$1.09	\$1.28	\$1.46	\$1.65	\$0.77	\$1.00	\$1.23	\$1.46	\$1.69	\$1.92
25-29	\$0.86	\$1.19	\$1.51	\$1.83	\$2.16	\$2.48	\$1.00	\$1.46	\$1.92	\$2.39	\$2.85	\$3.31
30-34	\$1.02	\$1.51	\$1.99	\$2.48	\$2.96	\$3.45	\$1.30	\$2.06	\$2.82	\$3.59	\$4.35	\$5.11
35-39	\$1.41	\$2.24	\$3.07	\$3.90	\$4.73	\$5.56	\$1.94	\$3.30	\$4.66	\$6.02	\$7.38	\$8.74
40-44	\$1.84	\$3.09	\$4.33	\$5.58	\$6.83	\$8.07	\$2.70	\$4.80	\$6.90	\$9.00	\$11.10	\$13.20
45-49	\$2.49	\$4.36	\$6.23	\$8.10	\$9.97	\$11.84	\$3.74	\$6.85	\$9.97	\$13.09	\$16.20	\$19.32
50-54	\$3.09	\$5.54	\$7.98	\$10.43	\$12.88	\$15.32	\$4.94	\$9.23	\$13.52	\$17.81	\$22.11	\$26.40
55-59	\$3.83	\$6.99	\$10.15	\$13.31	\$16.47	\$19.64	\$6.37	\$12.07	\$17.77	\$23.47	\$29.17	\$34.87
60-69	\$4.67	\$8.66	\$12.66	\$16.65	\$20.64	\$24.63	\$8.09	\$15.50	\$22.90	\$30.31	\$37.72	\$45.13

Spouse Rates							Face Purchase - Weekly Premiums					
ISSUE AGES	NON-TOBACCO						TOBACCO					
	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-24	\$0.63	\$0.72	\$0.82	\$0.91	\$1.00	\$1.09	\$0.66	\$0.77	\$0.89	\$1.00	\$1.12	\$1.23
25-29	\$0.70	\$0.86	\$1.02	\$1.19	\$1.35	\$1.51	\$0.77	\$1.00	\$1.23	\$1.46	\$1.69	\$1.92
30-34	\$0.78	\$1.02	\$1.27	\$1.51	\$1.75	\$1.99	\$0.92	\$1.30	\$1.68	\$2.06	\$2.44	\$2.82
35-39	\$0.99	\$1.41	\$1.82	\$2.24	\$2.65	\$3.07	\$1.26	\$1.94	\$2.62	\$3.30	\$3.98	\$4.66
40-44	\$1.22	\$1.84	\$2.46	\$3.09	\$3.71	\$4.33	\$1.65	\$2.70	\$3.75	\$4.80	\$5.85	\$6.90
45-49	\$1.56	\$2.49	\$3.43	\$4.36	\$5.30	\$6.23	\$2.18	\$3.74	\$5.30	\$6.85	\$8.41	\$9.97
50-54	\$1.87	\$3.09	\$4.31	\$5.54	\$6.76	\$7.98	\$2.79	\$4.94	\$7.08	\$9.23	\$11.38	\$13.52
55-59	\$2.25	\$3.83	\$5.41	\$6.99	\$8.57	\$10.15	\$3.51	\$6.37	\$9.22	\$12.07	\$14.92	\$17.77
60-69	\$2.67	\$4.67	\$6.67	\$8.66	\$10.66	\$12.66	\$4.38	\$8.09	\$11.79	\$15.50	\$19.20	\$22.90

Dependent Children Rates								Face Purchase - Weekly Premiums		
Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000				
All	\$0.12	\$0.23	\$0.35	\$0.46	\$0.58	\$0.69				

Health Screening Benefits

We will pay a \$75 benefit if an insured has any one of the covered screening tests after the 30 day waiting period. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains in force. This benefit is payable for the covered member (and spouse if spouse coverage is included). This benefit is not paid for dependent children. The covered health screening tests include:

Health Screening Test is defined as:

1. Stress test on a bicycle or treadmill
2. Fasting blood glucose test
3. Blood test for triglycerides
4. Lipid Panel (total cholesterol count)
5. Bone marrow testing
6. CA 15-3 (blood test for breast cancer)
7. CA 125 (blood test for ovarian cancer)
8. CEA (blood test for colon cancer)
9. Chest X-ray
10. Electrocardiogram (EKG)
11. Colonoscopy
12. Flexible sigmoidoscopy
13. Hemocult stool analysis
14. Mammography/Breast Ultrasound
15. Pap smear (including ThinPrep Pap Test)
16. PSA (blood test for prostate cancer)
17. Serum Protein Electrophoresis (blood test for myeloma)
18. Thermography
19. Oral Cancer screening using ViziLite OraTest or other similar test
20. Biopsy for Skin Cancer

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LIMITATIONS & EXCLUSIONS

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 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. This Pre-existing Condition Limitation does not apply to newborn or adopted Dependent Children.

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. Routine follow-up care to determine whether a breast cancer has recurred in an Insured who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment for the purpose of this definition unless evidence of breast cancer is found during or as a result of the follow-up care.

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. A condition will no longer be considered Pre-existing at the end of the Pre-existing Condition Period.

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 undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.

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

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.

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