



PLYMOUTH PUBLIC SCHOOLS

Boston Mutual Life Insurance Coverage

Employee contributions:

	PLAN A	PLAN B	PLAN B
	BASIC	OPTIONAL	OPTIONAL
	\$2,000.00	\$5,000.00	\$10,000.00
22 PAY PERIODS	\$0.08	\$2.05	\$4.09
26 PAY PERIODS	\$0.07	\$1.73	\$3.47

The optional coverage:

Employee	\$ 5,000.00	Employee	\$10,000.00
Spouse*	2,500.00	Spouse*	5,000.00
Children**	2,500.00	Children**	5,000.00

Attached are 2 samples of the completed form:

Basic coverage of \$2,000.00 only

Basic coverage of \$2,000.00 plus additional optional insurance of \$10,000.00 for employee and \$5,000.00 for spouse.

PLEASE NOTE:

ENROLLMENT MUST BE DONE WITHIN 30 DAYS OF DATE OF HIRE

* Spouse coverage ends at age 70

**Children to 19 years of age (23 if full time student)