

Employee Life Option Plus

Permanent Life Insurance for Federal, State, County,
Municipal and Postal Employees.



ELOP



Approved for use in:

AL, AK, AZ, AR, CO, CT, HI, ID, IN, IA, KS, KY, LA, MD, MS, MT, NE, NV,
NH, NJ, NM, NC, OH, OK, OR, RI, TN, TX, UT, VT, VA, WV, WI, WY.



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120 Royall Street, Canton, MA 02021 | 800.669.2668 | www.bostonmutual.com

Employee Life Option Plus

END-95 (ESO)(20/21)

ABOUT:

- Endowment at 95
- Age based on Policy Date
- Unisex Rates
- Current Interest Rate 4.25%, Guaranteed Minimum Interest Rate is 3.0%
- Policy Fee \$24.00 per year (included in rates)
- Annual Flat Expense Charge \$16.50 (included in rates)
- Surrender charges based on amount per 1,000 of insurance, varies by smoking status, issue age and duration. There is no charge if the policy has been in force for a period of 20 years.

UNDERWRITING LIMITS & GUIDELINES:

Ages	Min. Policy	Employee GI	Employee SI	Spouse GI	Spouse SI	Child / Grandchild GI*	Child / Grandchild SI*
18-55	\$5,000	\$50,000	\$150,000	\$25,000	\$75,000	\$5,000	\$25,000
56-60	\$5,000	\$25,000	\$50,000	\$10,000	\$25,000		
61-70**	\$5,000	\$10,000	\$50,000	\$5,000	\$25,000		
71-75**	\$5,000	\$0	\$25,000	\$0	\$25,000		

- Employee must be working at least 20 hours per week for 90 days to qualify for coverage.
- Employee must purchase ELOP coverage on themselves to permit purchase of GI on the Spouse and/or Children. Spouse is limited to no more than 50% of what the employee purchases not to exceed the above limits. Employee can apply on Spouse and/or Children SI without applying for themselves.
- GI is not available to any applicant that has been previously declined by Boston Mutual.
- The total amount of Life Insurance in force with Boston Mutual cannot exceed \$250,000 combined with all life products.

***Children:** 15 days to 25 years (option of individual policy or child rider on adult's policy)

***Grandchildren:** 15 days to 15 years (individual policy only)

****Washington:** Maximum age varies for face amounts under \$25,000.

RATES INCLUDE: Accidental Death Benefit for ages 5 - 60

Doubles the death benefit if the death is the result of an accident rather than an illness or natural causes. Triples the death benefit (up to an additional \$100,000) if the accidental death occurs while a fare paying passenger on a common carrier.

OPTIONAL: Children's Term Rider (guaranteed issue)

Available in increments of \$1,000 up to \$25,000. The rider covers natural children, step children, and legally adopted children. The rider becomes paid up until age 26 if the primary insured dies.

AGENT NOTES: PDF (premium deposit fund) is not available on this product. Use your Critical Illness numbers when submitting business.

Employee & Spouse Non-Tobacco Rates

ELOP BI-WEEKLY PREMIUMS with Accidental Death Benefit*											
END-95 (ESO)(20/21)											
	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000		
Age	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Age
18	\$2.40	\$2,053	\$3.80	\$4,106	\$5.22	\$6,159	\$6.66	\$8,212	\$8.06	\$10,265	18
19	\$2.44	\$2,041	\$3.88	\$4,082	\$5.36	\$6,123	\$6.80	\$8,165	\$8.28	\$10,206	19
20	\$2.44	\$2,029	\$3.94	\$4,058	\$5.42	\$6,087	\$6.90	\$8,115	\$8.38	\$10,144	20
21	\$2.48	\$2,016	\$4.02	\$4,032	\$5.54	\$6,048	\$7.08	\$8,064	\$8.60	\$10,080	21
22	\$2.52	\$2,003	\$4.10	\$4,005	\$5.66	\$6,008	\$7.26	\$8,010	\$8.82	\$10,013	22
23	\$2.56	\$1,988	\$4.18	\$3,977	\$5.78	\$5,965	\$7.40	\$7,954	\$9.00	\$9,942	23
24	\$2.62	\$1,974	\$4.26	\$3,947	\$5.92	\$5,921	\$7.58	\$7,894	\$9.20	\$9,868	24
25	\$2.66	\$1,958	\$4.36	\$3,916	\$6.06	\$5,874	\$7.76	\$7,832	\$9.44	\$9,790	25
26	\$2.72	\$1,942	\$4.48	\$3,883	\$6.24	\$5,825	\$8.00	\$7,767	\$9.74	\$9,708	26
27	\$2.80	\$1,924	\$4.62	\$3,849	\$6.46	\$5,773	\$8.28	\$7,697	\$10.10	\$9,622	27
28	\$2.86	\$1,906	\$4.76	\$3,812	\$6.66	\$5,718	\$8.56	\$7,624	\$10.42	\$9,530	28
29	\$2.94	\$1,887	\$4.90	\$3,774	\$6.88	\$5,660	\$8.84	\$7,547	\$10.80	\$9,434	29
30	\$3.00	\$1,867	\$5.06	\$3,733	\$7.10	\$5,600	\$9.14	\$7,466	\$11.20	\$9,333	30
31	\$3.10	\$1,845	\$5.22	\$3,691	\$7.36	\$5,536	\$9.50	\$7,381	\$11.62	\$9,227	31
32	\$3.18	\$1,823	\$5.40	\$3,646	\$7.62	\$5,469	\$9.84	\$7,292	\$12.06	\$9,115	32
33	\$3.26	\$1,800	\$5.58	\$3,600	\$7.88	\$5,399	\$10.18	\$7,199	\$12.48	\$8,999	33
34	\$3.36	\$1,775	\$5.76	\$3,551	\$8.16	\$5,326	\$10.58	\$7,102	\$12.96	\$8,877	34
35	\$3.46	\$1,750	\$5.96	\$3,500	\$8.46	\$5,250	\$10.98	\$7,000	\$13.48	\$8,751	35
36	\$3.56	\$1,724	\$6.18	\$3,448	\$8.80	\$5,171	\$11.40	\$6,895	\$14.00	\$8,619	36
37	\$3.68	\$1,696	\$6.40	\$3,393	\$9.12	\$5,089	\$11.84	\$6,786	\$14.58	\$8,482	37
38	\$3.82	\$1,668	\$6.64	\$3,336	\$9.48	\$5,004	\$12.34	\$6,672	\$15.16	\$8,340	38
39	\$3.94	\$1,638	\$6.90	\$3,276	\$9.86	\$4,914	\$12.84	\$6,552	\$15.80	\$8,191	39
40	\$4.08	\$1,607	\$7.18	\$3,214	\$10.28	\$4,820	\$13.38	\$6,427	\$16.50	\$8,034	40
41	\$4.22	\$1,574	\$7.46	\$3,148	\$10.70	\$4,721	\$13.96	\$6,295	\$17.20	\$7,869	41
42	\$4.36	\$1,539	\$7.76	\$3,078	\$11.14	\$4,617	\$14.56	\$6,156	\$17.96	\$7,695	42
43	\$4.52	\$1,502	\$8.10	\$3,005	\$11.66	\$4,507	\$15.22	\$6,009	\$18.78	\$7,511	43
44	\$4.70	\$1,463	\$8.44	\$2,927	\$12.18	\$4,390	\$15.92	\$5,854	\$19.66	\$7,317	44
45	\$4.88	\$1,422	\$8.82	\$2,845	\$12.74	\$4,267	\$16.66	\$5,689	\$20.60	\$7,112	45
46	\$5.08	\$1,379	\$9.22	\$2,758	\$13.36	\$4,136	\$17.50	\$5,515	\$21.62	\$6,894	46
47	\$5.30	\$1,333	\$9.64	\$2,665	\$13.98	\$3,998	\$18.32	\$5,330	\$22.68	\$6,663	47
48	\$5.54	\$1,284	\$10.08	\$2,567	\$14.66	\$3,851	\$19.20	\$5,134	\$23.78	\$6,418	48
49	\$5.74	\$1,232	\$10.54	\$2,463	\$15.32	\$3,695	\$20.12	\$4,926	\$24.92	\$6,158	49
50	\$6.02	\$1,176	\$11.06	\$2,353	\$16.10	\$3,529	\$21.14	\$4,705	\$26.20	\$5,882	50
51	\$6.26	\$1,118	\$11.58	\$2,235	\$16.88	\$3,353	\$22.18	\$4,471	\$27.48	\$5,589	51
52	\$6.54	\$1,056	\$12.12	\$2,111	\$17.70	\$3,167	\$23.28	\$4,222	\$28.86	\$5,278	52
53	\$6.82	\$990	\$12.70	\$1,979	\$18.56	\$2,969	\$24.42	\$3,959	\$30.28	\$4,949	53
54	\$7.14	\$920	\$13.28	\$1,840	\$19.46	\$2,760	\$25.60	\$3,680	\$31.78	\$4,600	54
55	\$7.46	\$846	\$13.92	\$1,692	\$20.42	\$2,537	\$26.90	\$3,383	\$33.38	\$4,229	55
56**	\$7.84	\$884	\$14.72	\$1,768	\$21.58	\$2,652	\$28.48	\$3,536	\$35.36	\$4,420	56**
57**	\$8.28	\$924	\$15.56	\$1,848	\$22.88	\$2,772	\$30.16	\$3,696	\$37.46	\$4,620	57**
58**	\$8.70	\$966	\$16.44	\$1,931	\$24.18	\$2,897	\$31.94	\$3,862	\$39.66	\$4,828	58**
59**	\$9.18	\$1,009	\$17.40	\$2,018	\$25.62	\$3,027	\$33.84	\$4,036	\$42.06	\$5,046	59**
60**	\$9.64	\$1,055	\$18.34	\$2,109	\$27.02	\$3,164	\$35.72	\$4,218	\$44.40	\$5,273	60**
61**	\$9.84	\$1,102	\$18.72	\$2,204	\$27.60	\$3,306	\$36.48	\$4,408	\$45.36	\$5,510	61**
62**	\$10.32	\$1,151	\$19.68	\$2,303	\$29.02	\$3,454	\$38.38	\$4,605	\$47.74	\$5,756	62**
63**	\$10.82	\$1,203	\$20.68	\$2,405	\$30.54	\$3,608	\$40.40	\$4,810	\$50.26	\$6,013	63**
64**	\$11.36	\$1,256	\$21.74	\$2,511	\$32.14	\$3,767	\$42.52	\$5,022	\$52.92	\$6,278	64**
65**	\$12.04	\$1,310	\$23.12	\$2,621	\$34.20	\$3,931	\$45.26	\$5,241	\$56.34	\$6,574	65**
66**	\$12.72	\$1,367	\$24.46	\$2,734	\$36.22	\$4,101	\$47.96	\$5,468	\$59.72	\$6,900	66**
67**	\$13.42	\$1,425	\$25.88	\$2,851	\$38.36	\$4,276	\$50.82	\$5,702	\$63.28	\$7,221	67**
68**	\$14.18	\$1,486	\$27.40	\$2,972	\$40.62	\$4,458	\$53.84	\$5,944	\$67.06	\$7,539	68**
69**	\$14.96	\$1,558	\$28.98	\$3,115	\$42.98	\$4,673	\$56.98	\$6,230	\$70.98	\$7,858	69**
70**	\$16.08	\$1,632	\$31.22	\$3,265	\$46.34	\$4,897	\$61.46	\$6,666	\$76.58	\$8,503	70**
71**	\$16.98	\$1,709	\$32.98	\$3,419	\$49.00	\$5,128	\$65.00	\$6,909	\$81.02	\$8,812	71**
72**	\$17.94	\$1,789	\$34.90	\$3,578	\$51.84	\$5,367	\$68.80	\$7,157	\$85.76	\$9,115	72**
73**	\$18.92	\$1,874	\$36.88	\$3,747	\$54.84	\$5,621	\$72.78	\$7,494	\$90.74	\$9,377	73**
74**	\$20.00	\$1,963	\$39.04	\$3,926	\$58.08	\$5,889	\$77.12	\$7,852	\$96.14	\$9,815	74**
75**	\$21.92	\$2,057	\$42.88	\$4,113	\$63.82	\$6,187	\$84.78	\$8,511	\$105.72	\$10,835	75**

* Accidental Death Benefit is only included for insureds ages 5-60.

** Cash Values and Paid-Up Values for ages 56-75 are for the tenth year rather than age 65.

Employee & Spouse Non-Tobacco Rates

ELOP BI-WEEKLY PREMIUMS with Accidental Death Benefit*											
END-95 (ESO)(20/21)											
	\$50,000		\$75,000		\$100,000		\$125,000		\$150,000		
Age	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Age
18	\$15.18	\$20,530	\$22.28	\$30,794	\$29.40	\$41,059	\$36.50	\$51,324	\$43.62	\$61,589	18
19	\$15.58	\$20,412	\$22.90	\$30,617	\$30.22	\$40,823	\$37.52	\$51,029	\$44.84	\$61,235	19
20	\$15.80	\$20,289	\$23.24	\$30,433	\$30.66	\$40,577	\$38.08	\$50,721	\$45.48	\$60,866	20
21	\$16.26	\$20,160	\$23.88	\$30,240	\$31.54	\$40,320	\$39.18	\$50,400	\$46.82	\$60,480	21
22	\$16.68	\$20,026	\$24.54	\$30,038	\$32.40	\$40,051	\$40.24	\$50,064	\$48.08	\$60,077	22
23	\$17.04	\$19,884	\$25.08	\$29,826	\$33.10	\$39,768	\$41.14	\$49,710	\$49.18	\$59,652	23
24	\$17.46	\$19,736	\$25.70	\$29,604	\$33.96	\$39,472	\$42.20	\$49,340	\$50.46	\$59,208	24
25	\$17.92	\$19,580	\$26.40	\$29,370	\$34.90	\$39,160	\$43.38	\$48,950	\$51.84	\$58,740	25
26	\$18.56	\$19,417	\$27.34	\$29,125	\$36.14	\$38,833	\$44.94	\$48,541	\$53.72	\$58,250	26
27	\$19.24	\$19,243	\$28.38	\$28,865	\$37.52	\$38,486	\$46.66	\$48,108	\$55.78	\$57,729	27
28	\$19.90	\$19,060	\$29.38	\$28,590	\$38.86	\$38,120	\$48.32	\$47,650	\$57.78	\$57,180	28
29	\$20.66	\$18,868	\$30.50	\$28,302	\$40.34	\$37,736	\$50.18	\$47,170	\$60.02	\$56,604	29
30	\$21.42	\$18,666	\$31.66	\$27,999	\$41.86	\$37,332	\$52.10	\$46,665	\$62.32	\$55,998	30
31	\$22.30	\$18,454	\$32.96	\$27,680	\$43.60	\$36,907	\$54.26	\$46,134	\$64.94	\$55,361	31
32	\$23.16	\$18,231	\$34.26	\$27,346	\$45.36	\$36,461	\$56.44	\$45,576	\$67.54	\$54,692	32
33	\$24.02	\$17,998	\$35.56	\$26,996	\$47.10	\$35,995	\$58.62	\$44,994	\$70.14	\$53,993	33
34	\$24.98	\$17,754	\$36.98	\$26,631	\$49.00	\$35,508	\$60.98	\$44,385	\$72.98	\$53,262	34
35	\$25.98	\$17,501	\$38.50	\$26,252	\$51.02	\$35,002	\$63.50	\$43,753	\$76.02	\$52,503	35
36	\$27.06	\$17,238	\$40.10	\$25,857	\$53.16	\$34,476	\$66.18	\$43,095	\$79.22	\$51,714	36
37	\$28.18	\$16,965	\$41.80	\$25,447	\$55.42	\$33,929	\$69.02	\$42,411	\$82.62	\$50,894	37
38	\$29.38	\$16,679	\$43.58	\$25,019	\$57.80	\$33,358	\$72.00	\$41,698	\$86.22	\$50,037	38
39	\$30.68	\$16,381	\$45.52	\$24,572	\$60.38	\$32,762	\$75.22	\$40,953	\$90.08	\$49,143	39
40	\$32.02	\$16,068	\$47.56	\$24,101	\$63.08	\$32,135	\$78.62	\$40,169	\$94.14	\$48,203	40
41	\$33.46	\$15,738	\$49.70	\$23,606	\$65.96	\$31,475	\$82.18	\$39,344	\$98.44	\$47,213	41
42	\$34.96	\$15,390	\$51.94	\$23,084	\$68.94	\$30,779	\$85.94	\$38,474	\$102.94	\$46,169	42
43	\$36.58	\$15,023	\$54.38	\$22,534	\$72.22	\$30,045	\$90.02	\$37,556	\$107.84	\$45,068	43
44	\$38.34	\$14,635	\$57.04	\$21,952	\$75.72	\$29,269	\$94.42	\$36,586	\$113.10	\$43,904	44
45	\$40.24	\$14,223	\$59.88	\$21,335	\$79.52	\$28,446	\$99.16	\$35,558	\$118.80	\$42,669	45
46	\$42.26	\$13,788	\$62.92	\$20,681	\$83.56	\$27,575	\$104.22	\$34,469	\$124.86	\$41,363	46
47	\$44.36	\$13,326	\$66.04	\$19,988	\$87.76	\$26,651	\$109.44	\$33,314	\$131.16	\$39,977	47
48	\$46.60	\$12,836	\$69.42	\$19,253	\$92.24	\$25,671	\$115.06	\$32,089	\$137.88	\$38,507	48
49	\$48.86	\$12,315	\$72.80	\$18,473	\$96.76	\$24,630	\$120.70	\$30,788	\$144.66	\$36,945	49
50	\$51.42	\$11,763	\$76.66	\$17,645	\$101.90	\$23,526	\$127.12	\$29,408	\$152.36	\$35,289	50
51	\$54.02	\$11,177	\$80.52	\$16,766	\$107.06	\$22,354	\$133.58	\$27,943	\$160.12	\$33,531	51
52	\$56.76	\$10,556	\$84.66	\$15,833	\$112.56	\$21,111	\$140.46	\$26,389	\$168.34	\$31,667	52
53	\$59.62	\$9,897	\$88.94	\$14,846	\$118.30	\$19,794	\$147.62	\$24,808	\$176.96	\$29,921	53
54	\$62.60	\$9,199	\$93.40	\$13,799	\$124.22	\$18,437	\$155.04	\$23,220	\$185.86	\$28,002	54
55	\$65.80	\$8,458	\$98.22	\$12,698	\$130.64	\$17,131	\$163.06	\$21,565	\$195.48	\$26,000	55
56**	\$69.74	\$8,840	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56**
57**	\$73.96	\$9,329	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57**
58**	\$78.36	\$9,910	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58**
59**	\$83.14	\$10,508	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59**
60**	\$87.84	\$11,060	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60**
61**	\$89.78	\$11,532	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61**
62**	\$94.52	\$12,028	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62**
63**	\$99.54	\$12,529	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63**
64**	\$104.88	\$13,034	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	64**
65**	\$111.72	\$13,786	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65**
66**	\$118.48	\$14,445	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66**
67**	\$125.60	\$15,098	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67**
68**	\$133.16	\$15,742	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68**
69**	\$141.00	\$16,390	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69**
70**	\$152.22	\$17,693	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70**

* Accidental Death Benefit is only included for insureds ages 5-60.

** Cash Values and Paid-Up Values for ages 56-70 are for the tenth year rather than age 65.

Employee & Spouse Tobacco Rates

ELOP BI-WEEKLY PREMIUMS with Accidental Death Benefit*
END-95 (ESO)(20/21)

Age	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000		Age
	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	
18	\$2.76	\$2,454	\$4.54	\$4,908	\$6.32	\$7,362	\$8.12	\$9,816	\$9.88	\$12,271	18
19	\$2.82	\$2,440	\$4.66	\$4,881	\$6.52	\$7,321	\$8.36	\$9,761	\$10.22	\$12,201	19
20	\$2.86	\$2,426	\$4.80	\$4,852	\$6.70	\$7,277	\$8.60	\$9,703	\$10.52	\$12,129	20
21	\$2.94	\$2,411	\$4.94	\$4,821	\$6.92	\$7,232	\$8.90	\$9,643	\$10.90	\$12,053	21
22	\$3.02	\$2,395	\$5.08	\$4,790	\$7.14	\$7,184	\$9.20	\$9,579	\$11.26	\$11,974	22
23	\$3.10	\$2,378	\$5.24	\$4,756	\$7.36	\$7,134	\$9.50	\$9,512	\$11.64	\$11,891	23
24	\$3.18	\$2,361	\$5.38	\$4,721	\$7.60	\$7,082	\$9.80	\$9,443	\$12.00	\$11,803	24
25	\$3.26	\$2,342	\$5.54	\$4,685	\$7.84	\$7,027	\$10.14	\$9,370	\$12.42	\$11,712	25
26	\$3.34	\$2,323	\$5.74	\$4,647	\$8.12	\$6,970	\$10.52	\$9,293	\$12.88	\$11,616	26
27	\$3.44	\$2,303	\$5.92	\$4,606	\$8.40	\$6,909	\$10.90	\$9,212	\$13.36	\$11,515	27
28	\$3.56	\$2,282	\$6.14	\$4,564	\$8.74	\$6,845	\$11.34	\$9,127	\$13.90	\$11,409	28
29	\$3.66	\$2,259	\$6.36	\$4,519	\$9.06	\$6,778	\$11.78	\$9,037	\$14.46	\$11,297	29
30	\$3.78	\$2,236	\$6.60	\$4,471	\$9.42	\$6,707	\$12.24	\$8,942	\$15.08	\$11,178	30
31	\$3.92	\$2,211	\$6.86	\$4,421	\$9.82	\$6,632	\$12.78	\$8,843	\$15.72	\$11,053	31
32	\$4.06	\$2,184	\$7.16	\$4,369	\$10.24	\$6,553	\$13.34	\$8,738	\$16.44	\$10,922	32
33	\$4.24	\$2,157	\$7.54	\$4,314	\$10.82	\$6,470	\$14.10	\$8,627	\$17.40	\$10,784	33
34	\$4.36	\$2,128	\$7.78	\$4,256	\$11.18	\$6,384	\$14.62	\$8,511	\$18.02	\$10,639	34
35	\$4.56	\$2,098	\$8.16	\$4,195	\$11.74	\$6,293	\$15.36	\$8,390	\$18.96	\$10,488	35
36	\$4.74	\$2,066	\$8.56	\$4,131	\$12.34	\$6,197	\$16.12	\$8,263	\$19.90	\$10,328	36
37	\$4.98	\$2,032	\$9.00	\$4,065	\$13.02	\$6,097	\$17.02	\$8,129	\$21.06	\$10,162	37
38	\$5.24	\$1,997	\$9.50	\$3,995	\$13.74	\$5,992	\$18.02	\$7,990	\$22.28	\$9,987	38
39	\$5.48	\$1,961	\$9.98	\$3,922	\$14.48	\$5,882	\$19.00	\$7,843	\$23.50	\$9,804	39
40	\$5.70	\$1,922	\$10.44	\$3,845	\$15.18	\$5,767	\$19.90	\$7,690	\$24.64	\$9,612	40
41	\$5.92	\$1,882	\$10.84	\$3,764	\$15.80	\$5,646	\$20.76	\$7,529	\$25.68	\$9,411	41
42	\$6.28	\$1,840	\$11.60	\$3,680	\$16.88	\$5,519	\$22.20	\$7,359	\$27.50	\$9,199	42
43	\$6.50	\$1,795	\$12.04	\$3,590	\$17.56	\$5,385	\$23.10	\$7,180	\$28.64	\$8,976	43
44	\$6.72	\$1,748	\$12.48	\$3,496	\$18.24	\$5,243	\$24.00	\$6,991	\$29.74	\$8,739	44
45	\$6.94	\$1,698	\$12.92	\$3,395	\$18.92	\$5,093	\$24.90	\$6,791	\$30.88	\$8,488	45
46	\$7.26	\$1,644	\$13.56	\$3,289	\$19.86	\$4,933	\$26.16	\$6,578	\$32.46	\$8,222	46
47	\$7.56	\$1,588	\$14.18	\$3,176	\$20.78	\$4,764	\$27.40	\$6,352	\$34.02	\$7,940	47
48	\$7.88	\$1,528	\$14.80	\$3,056	\$21.72	\$4,584	\$28.64	\$6,112	\$35.56	\$7,641	48
49	\$8.18	\$1,465	\$15.42	\$2,929	\$22.64	\$4,394	\$29.88	\$5,858	\$37.12	\$7,323	49
50	\$8.50	\$1,397	\$16.06	\$2,794	\$23.58	\$4,191	\$31.12	\$5,588	\$38.68	\$6,985	50
51	\$8.90	\$1,325	\$16.82	\$2,650	\$24.76	\$3,976	\$32.68	\$5,301	\$40.60	\$6,626	51
52	\$9.28	\$1,249	\$17.60	\$2,498	\$25.94	\$3,747	\$34.26	\$4,995	\$42.58	\$6,244	52
53	\$9.72	\$1,168	\$18.50	\$2,335	\$27.26	\$3,503	\$36.02	\$4,670	\$44.78	\$5,838	53
54	\$10.18	\$1,081	\$19.38	\$2,162	\$28.60	\$3,243	\$37.80	\$4,324	\$47.02	\$5,405	54
55	\$10.70	\$989	\$20.44	\$1,978	\$30.18	\$2,966	\$39.90	\$3,955	\$49.64	\$4,944	55
56**	\$11.36	\$1,016	\$21.76	\$2,033	\$32.12	\$3,049	\$42.52	\$4,066	\$52.92	\$5,082	56**
57**	\$12.08	\$1,044	\$23.18	\$2,087	\$34.32	\$3,131	\$45.42	\$4,174	\$56.52	\$5,218	57**
58**	\$12.82	\$1,071	\$24.72	\$2,141	\$36.58	\$3,212	\$48.46	\$4,282	\$60.32	\$5,353	58**
59**	\$13.62	\$1,098	\$26.28	\$2,195	\$38.94	\$3,293	\$51.60	\$4,391	\$64.26	\$5,488	59**
60**	\$14.36	\$1,125	\$27.80	\$2,250	\$41.20	\$3,375	\$54.64	\$4,499	\$68.04	\$5,624	60**
61**	\$15.00	\$1,152	\$29.02	\$2,304	\$43.06	\$3,456	\$57.08	\$4,608	\$71.12	\$5,760	61**
62**	\$16.38	\$1,179	\$31.80	\$2,359	\$47.22	\$3,538	\$62.64	\$4,717	\$78.08	\$5,896	62**
63**	\$17.52	\$1,217	\$34.06	\$2,433	\$50.60	\$3,650	\$67.16	\$4,925	\$83.70	\$6,330	63**
64**	\$18.64	\$1,255	\$36.32	\$2,509	\$54.00	\$3,777	\$71.68	\$5,272	\$89.36	\$6,767	64**
65**	\$19.76	\$1,294	\$38.58	\$2,588	\$57.38	\$4,013	\$76.18	\$5,590	\$95.00	\$7,168	65**
66**	\$21.16	\$1,335	\$41.36	\$2,679	\$61.56	\$4,387	\$81.76	\$6,094	\$101.96	\$7,801	66**
67**	\$23.26	\$1,379	\$45.54	\$3,202	\$67.84	\$5,178	\$90.14	\$7,154	\$112.42	\$9,130	67**
68**	\$25.00	\$1,427	\$49.02	\$3,574	\$73.06	\$5,743	\$97.10	\$7,914	\$121.12	\$10,084	68**
69**	\$26.74	\$1,575	\$52.50	\$3,936	\$78.28	\$6,297	\$104.06	\$8,657	\$129.84	\$11,018	69**
70**	\$28.82	\$1,819	\$56.70	\$4,443	\$84.56	\$7,067	\$112.42	\$9,692	\$140.28	\$12,316	70**
71**	\$29.98	\$1,844	\$59.00	\$4,516	\$88.02	\$7,187	\$117.04	\$9,860	\$146.06	\$12,532	71**
72**	\$31.68	\$1,978	\$62.40	\$4,810	\$93.10	\$7,643	\$123.80	\$10,475	\$154.52	\$13,308	72**
73**	\$32.08	\$1,782	\$63.20	\$4,450	\$94.32	\$7,117	\$125.44	\$9,785	\$156.54	\$12,453	73**
74**	\$32.78	\$1,812	\$64.58	\$4,151	\$96.38	\$6,687	\$128.20	\$9,225	\$160.00	\$11,761	74**
75**	\$33.48	\$1,894	\$65.98	\$3,787	\$98.50	\$6,132	\$131.00	\$8,499	\$163.52	\$10,865	75**

* Accidental Death Benefit is only included for insureds ages 5-60.

** Cash Values and Paid-Up Values for ages 56-75 are for the tenth year rather than age 65.

Employee & Spouse Tobacco Rates

ELOP BI-WEEKLY PREMIUMS with Accidental Death Benefit*											
END-95 (ESO)(20/21)											
	\$50,000		\$75,000		\$100,000		\$125,000		\$150,000		
Age	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Age
18	\$18.84	\$24,541	\$27.76	\$36,812	\$36.72	\$49,082	\$45.64	\$61,353	\$54.58	\$73,623	18
19	\$19.48	\$24,403	\$28.74	\$36,604	\$38.00	\$48,805	\$47.26	\$61,006	\$56.52	\$73,208	19
20	\$20.10	\$24,258	\$29.66	\$36,387	\$39.22	\$48,516	\$48.78	\$60,645	\$58.32	\$72,774	20
21	\$20.84	\$24,107	\$30.76	\$36,160	\$40.72	\$48,213	\$50.64	\$60,266	\$60.56	\$72,320	21
22	\$21.56	\$23,948	\$31.86	\$35,921	\$42.16	\$47,895	\$52.44	\$59,869	\$62.74	\$71,843	22
23	\$22.32	\$23,781	\$32.98	\$35,672	\$43.64	\$47,562	\$54.32	\$59,453	\$65.00	\$71,343	23
24	\$23.04	\$23,607	\$34.06	\$35,410	\$45.12	\$47,213	\$56.14	\$59,016	\$67.18	\$70,820	24
25	\$23.88	\$23,424	\$35.34	\$35,136	\$46.82	\$46,848	\$58.26	\$58,560	\$69.72	\$70,272	25
26	\$24.82	\$23,233	\$36.74	\$34,849	\$48.68	\$46,465	\$60.58	\$58,081	\$72.50	\$69,698	26
27	\$25.76	\$23,031	\$38.16	\$34,546	\$50.56	\$46,061	\$62.96	\$57,576	\$75.34	\$69,092	27
28	\$26.88	\$22,818	\$39.82	\$34,226	\$52.78	\$45,635	\$65.74	\$57,044	\$78.68	\$68,453	28
29	\$27.96	\$22,593	\$41.46	\$33,890	\$54.98	\$45,186	\$68.46	\$56,483	\$81.96	\$67,779	29
30	\$29.18	\$22,356	\$43.28	\$33,534	\$57.38	\$44,712	\$71.48	\$55,890	\$85.58	\$67,068	30
31	\$30.48	\$22,107	\$45.26	\$33,160	\$60.00	\$44,213	\$74.76	\$55,266	\$89.52	\$66,320	31
32	\$31.92	\$21,844	\$47.40	\$32,766	\$62.88	\$43,688	\$78.36	\$54,610	\$93.82	\$65,532	32
33	\$33.84	\$21,568	\$50.28	\$32,352	\$66.72	\$43,136	\$83.16	\$53,920	\$99.58	\$64,704	33
34	\$35.10	\$21,279	\$52.16	\$31,918	\$69.22	\$42,557	\$86.28	\$53,196	\$103.34	\$63,836	34
35	\$36.96	\$20,975	\$54.94	\$31,463	\$72.94	\$41,950	\$90.92	\$52,438	\$108.92	\$62,925	35
36	\$38.88	\$20,657	\$57.82	\$30,985	\$76.78	\$41,313	\$95.72	\$51,641	\$114.66	\$61,970	36
37	\$41.16	\$20,323	\$61.24	\$30,485	\$81.34	\$40,646	\$101.44	\$50,808	\$121.52	\$60,969	37
38	\$43.62	\$19,974	\$64.94	\$29,961	\$86.28	\$39,948	\$107.58	\$49,935	\$128.92	\$59,922	38
39	\$46.06	\$19,608	\$68.60	\$29,412	\$91.16	\$39,216	\$113.70	\$49,020	\$136.26	\$58,824	39
40	\$48.34	\$19,225	\$72.02	\$28,837	\$95.72	\$38,449	\$119.40	\$48,061	\$143.10	\$57,674	40
41	\$50.42	\$18,822	\$75.14	\$28,232	\$99.88	\$37,643	\$124.60	\$47,054	\$149.34	\$56,465	41
42	\$54.06	\$18,398	\$80.60	\$27,596	\$107.14	\$36,795	\$133.70	\$45,994	\$160.24	\$55,193	42
43	\$56.30	\$17,951	\$83.96	\$26,927	\$111.64	\$35,902	\$139.28	\$44,878	\$166.96	\$53,853	43
44	\$58.54	\$17,478	\$87.32	\$26,217	\$116.12	\$34,956	\$144.90	\$43,695	\$173.68	\$52,434	44
45	\$60.82	\$16,977	\$90.74	\$25,465	\$120.68	\$33,953	\$150.60	\$42,441	\$180.54	\$50,930	45
46	\$63.94	\$16,444	\$95.44	\$24,666	\$126.94	\$32,888	\$158.42	\$41,110	\$189.92	\$49,332	46
47	\$67.06	\$15,880	\$100.10	\$23,819	\$133.16	\$31,759	\$166.20	\$39,699	\$199.26	\$47,639	47
48	\$70.16	\$15,281	\$104.78	\$22,922	\$139.38	\$30,562	\$173.98	\$38,203	\$208.58	\$45,843	48
49	\$73.24	\$14,645	\$109.36	\$21,968	\$145.52	\$29,290	\$181.64	\$36,613	\$217.78	\$43,935	49
50	\$76.38	\$13,970	\$114.10	\$20,955	\$151.82	\$27,940	\$189.52	\$34,925	\$227.24	\$41,910	50
51	\$80.24	\$13,252	\$119.88	\$19,878	\$159.52	\$26,504	\$199.16	\$33,130	\$238.80	\$39,756	51
52	\$84.18	\$12,489	\$125.80	\$18,733	\$167.40	\$24,977	\$209.00	\$31,221	\$250.62	\$37,466	52
53	\$88.60	\$11,676	\$132.42	\$17,514	\$176.24	\$23,352	\$220.08	\$29,190	\$263.88	\$35,028	53
54	\$93.06	\$10,811	\$139.12	\$16,216	\$185.18	\$21,621	\$231.22	\$27,026	\$277.28	\$32,432	54
55	\$98.34	\$9,888	\$147.02	\$14,832	\$195.72	\$19,776	\$244.40	\$24,720	\$293.08	\$29,664	55
56**	\$104.88	\$10,165	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56**
57**	\$112.08	\$10,436	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57**
58**	\$119.68	\$10,706	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58**
59**	\$127.56	\$10,977	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59**
60**	\$135.10	\$11,249	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60**
61**	\$141.26	\$11,520	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61**
62**	\$155.18	\$12,433	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62**
63**	\$166.46	\$13,356	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63**
64**	\$177.74	\$14,244	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	64**
65**	\$189.02	\$15,058	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65**
66**	\$202.96	\$16,336	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66**
67**	\$223.88	\$19,011	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67**
68**	\$241.28	\$20,934	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68**
69**	\$258.70	\$22,821	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69**
70**	\$279.60	\$25,437	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70**

* Accidental Death Benefit is only included for insureds ages 5-60.

** Cash Values and Paid-Up Values for ages 56-70 are for the tenth year rather than age 65.

Dependent Children Non-Tobacco Rates

ELOP BI-WEEKLY PREMIUMS with Accidental Death Benefit*							
END-95 (ESO)(20/21)							
	\$5,000		\$10,000		\$25,000		
Age	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Age
0*	\$1.96	\$2,336	\$2.96	\$4,672	\$5.98	\$11,681	0*
1*	\$1.78	\$2,330	\$2.58	\$4,660	\$5.02	\$11,650	1*
2*	\$1.78	\$2,323	\$2.62	\$4,647	\$5.10	\$11,617	2*
3*	\$1.80	\$2,316	\$2.64	\$4,633	\$5.18	\$11,582	3*
4*	\$1.82	\$2,309	\$2.68	\$4,618	\$5.28	\$11,545	4*
5	\$2.00	\$2,301	\$3.02	\$4,603	\$6.14	\$11,507	5
6	\$2.02	\$2,293	\$3.08	\$4,587	\$6.26	\$11,467	6
7	\$2.06	\$2,285	\$3.14	\$4,570	\$6.40	\$11,425	7
8	\$2.08	\$2,276	\$3.20	\$4,553	\$6.56	\$11,382	8
9	\$2.10	\$2,267	\$3.26	\$4,534	\$6.68	\$11,336	9
10	\$2.12	\$2,258	\$3.30	\$4,515	\$6.82	\$11,288	10
11	\$2.18	\$2,248	\$3.40	\$4,495	\$7.04	\$11,239	11
12	\$2.24	\$2,237	\$3.48	\$4,475	\$7.28	\$11,187	12
13	\$2.28	\$2,226	\$3.56	\$4,453	\$7.48	\$11,132	13
14	\$2.32	\$2,215	\$3.68	\$4,431	\$7.74	\$11,076	14
15	\$2.36	\$2,204	\$3.76	\$4,407	\$7.98	\$11,019	15
16	\$2.40	\$2,192	\$3.84	\$4,384	\$8.18	\$10,960	16
17	\$2.46	\$2,180	\$3.94	\$4,360	\$8.40	\$10,900	17
18	\$2.40	\$2,053	\$3.80	\$4,106	\$8.06	\$10,265	18
19	\$2.44	\$2,041	\$3.88	\$4,082	\$8.28	\$10,206	19
20	\$2.44	\$2,029	\$3.94	\$4,058	\$8.38	\$10,144	20
21	\$2.48	\$2,016	\$4.02	\$4,032	\$8.60	\$10,080	21
22	\$2.52	\$2,003	\$4.10	\$4,005	\$8.82	\$10,013	22
23	\$2.56	\$1,988	\$4.18	\$3,977	\$9.00	\$9,942	23
24	\$2.62	\$1,974	\$4.26	\$3,947	\$9.20	\$9,868	24
25	\$2.66	\$1,958	\$4.36	\$3,916	\$9.44	\$9,790	25

Dependent Children Tobacco Rates

ELOP BI-WEEKLY PREMIUMS with Accidental Death Benefit							
END-95 (ESO)(20/21)							
	\$5,000		\$10,000		\$25,000		
Age	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Bi-Weekly Premium	Guaranteed Cash Value at 65	Age
18	\$2.76	\$2,454	\$4.54	\$4,908	\$9.88	\$12,271	18
19	\$2.82	\$2,440	\$4.66	\$4,881	\$10.22	\$12,201	19
20	\$2.86	\$2,426	\$4.80	\$4,852	\$10.52	\$12,129	20
21	\$2.94	\$2,411	\$4.94	\$4,821	\$10.90	\$12,053	21
22	\$3.02	\$2,395	\$5.08	\$4,790	\$11.26	\$11,974	22
23	\$3.10	\$2,378	\$5.24	\$4,756	\$11.64	\$11,891	23
24	\$3.18	\$2,361	\$5.38	\$4,721	\$12.00	\$11,803	24
25	\$3.26	\$2,342	\$5.54	\$4,685	\$12.42	\$11,712	25

Children's Term Rider

Face Value	Bi-Weekly Premiums**
\$5,000	\$1.12
\$10,000	\$2.22
\$15,000	\$3.34
\$20,000	\$4.44
\$25,000	\$5.56

* Accidental Death Benefit is only included for insureds ages 5-25.

** Accidental Death Benefit is not included with the Children's Term Rider.

Employee Life Option Plus

UNINSURABLE MEDICAL IMPAIRMENTS FOR SIMPLIFIED ISSUE

GENERAL AGENCY USE ONLY

Diabetes - Insulin dependent diabetes or combination of diabetes and other medical condition

Heart - History of heart attack or bypass surgery in the past 5 years

Epilepsy - Last attack within one (1) year or frequent episodes

Ulcers - If treated surgically within 2 years

Cancer, leukemia, Hodgkin's, breast cancer or melanoma within 5 years

Kidney Stones - Under treatment

Amyotrophic Lateral Sclerosis (ALS) -Active

Huntington's chorea - Active

Alcohol or drug abuse within 5 years

Emphysema - Severe and under treatment

AIDS - Includes ARC (*AIDS Related Complex*)

Liver - Any impairment other than acute hepatitis

Multiple Sclerosis - Last attack within 5 years

Nervous Disorder - Hospitalized within 5 years

Chronic renal (*kidney*) failure

Stroke

These underwriting guidelines are subject to change.

Boston Mutual Life Products Unisex Build Charts



FAMILY MATTERS. NO MATTER WHAT.®

BUILD TABLE			BUILD TABLE		
Ages: 0 – 16 years			Ages: 17+ years		
Age	Height	Max. Weight	Height	Max. Weight	
15 days	21"	10 lbs.	4 ft. 8"	167 lbs.	
Up to 3 mos.	26"	16 lbs.	4 ft. 9"	173 lbs.	
Up to 6 mos.	28"	21 lbs.	4 ft. 10"	179 lbs.	
Up to 9 mos.	30"	25 lbs.	4 ft. 11"	185 lbs.	
Up to 12 mos.	32"	27 lbs.	5 ft. 0"	192 lbs.	
Up to 18 mos.	34"	31 lbs.	5 ft. 1"	198 lbs.	
2 years	37"	34 lbs.	5 ft. 2"	205 lbs.	
3 years	37"	34 lbs.	5 ft. 3"	212 lbs.	
4 years	40"	38 lbs.	5 ft. 4"	218 lbs.	
5 years	43"	45 lbs.	5 ft. 5"	225 lbs.	
6 years	46"	52 lbs.	5 ft. 6"	232 lbs.	
7 years	49"	60 lbs.	5 ft. 7"	239 lbs.	
8 years	52"	68 lbs.	5 ft. 8"	246 lbs.	
9 years	54"	80 lbs.	5 ft. 9"	253 lbs.	
10 years	57"	91 lbs.	5 ft. 10"	261 lbs.	
11 years	59"	106 lbs.	5 ft. 11"	268 lbs.	
12 years	61"	121 lbs.	6 ft. 0"	276 lbs.	
13 years	64"	142 lbs.	6 ft. 1"	284 lbs.	
14 years	67"	160 lbs.	6 ft. 2"	292 lbs.	
15 years	70"	181 lbs.	6 ft. 3"	300 lbs.	
16 years	73"	203 lbs.	6 ft. 4"	308 lbs.	
			6 ft. 5"	316 lbs.	
			6 ft. 6"	324 lbs.	
			6 ft. 7"	332 lbs.	
			6 ft. 8"	341 lbs.	
			6 ft. 9"	349 lbs.	

If weight is over maximum do not submit on a simplified application.

Application To:

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street
Canton, MA 02021

Individual Life Insurance (Endowment at age 95)

PART A

Schedule of Proposed Benefits (Employee/Owner)

Schedule of Proposed Benefits (Spouse)

1. Proposed Insured (Employee/Owner)				2. Gender <input type="checkbox"/> M <input type="checkbox"/> F		17. Proposed Insured (Spouse)				18. Gender <input type="checkbox"/> M <input type="checkbox"/> F		
3. Date of Birth	4. Age at Issue Date	5. Social Security # / ITIN#	6. Telephone #			19. Date of Birth	20. Age at Issue Date	21. Telephone #				
7. Present Residence (Required) - include apt. #, Street #, City, State, Zip						22. Present Residence (St. address) Same address as employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide reason/details in Remarks #30						
PO Box/Communication Address (Optional)						23. Are you actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide reason/details in Remarks #30						
8. Occupation (Optional)		9. Are you actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No				24. Amount of Insurance \$		25. <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-Weekly, <input type="checkbox"/> Monthly or <input type="checkbox"/> Semi-Monthly Premium \$ _____				
10. Employer		11. Date of Employment				26. Additional Benefits:		Amount	Premium			
12. Amount of Insurance \$		13. <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-Weekly, <input type="checkbox"/> Monthly or <input type="checkbox"/> Semi-Monthly Premium \$ _____				<input type="checkbox"/> Payor Waiver of Premium		\$ _____	\$ _____			
14. Automatic Premium Loan on all Policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Accidental Death Benefit		\$ _____		<input type="checkbox"/> Children's Insurance Benefit		\$ _____		\$ _____		
15. Additional Benefits:		Amount	Premium			<input type="checkbox"/> Level Term to age 65		\$ _____		\$ _____		
<input type="checkbox"/> Waiver of Premium		\$ _____	\$ _____			<input type="checkbox"/> Other _____		\$ _____		\$ _____		
<input type="checkbox"/> Accidental Death Benefit		\$ _____	\$ _____			27. Total Employee Premium \$ _____						
<input type="checkbox"/> Children's Insurance Benefit		\$ _____	\$ _____			Total Spouse Premium \$ _____						
<input type="checkbox"/> Level Term to age 65		\$ _____	\$ _____			Total Children Premium \$ _____						
<input type="checkbox"/> Other _____		\$ _____	\$ _____			Total Premium \$ _____						
16. Beneficiary for Primary & Contingent - Name, Relationship, Address, Telephone #, SS #, D.O.B. (Beneficiary will be employee's estate if left blank) Primary:						28. Beneficiary for Primary & Contingent - Name, Relationship, Address, Telephone #, SS #, D.O.B. (Beneficiary will be employee's estate if left blank) Primary:						
Contingent:						Contingent:						
29. Have any of the proposed insureds used any tobacco or nicotine products in the past twelve months? (only complete for smoker/non-smoker policy) Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No												
30. Remarks:												
31. Children's Benefits: Employee is Beneficiary, if living, otherwise the employee's estate.												
32. Proposed Additional Insured(s) (children and/or grandchildren) Name (first & last)			Date of Birth		Age	Gender M or F	Relationship to Applicant	For Permanent Insurance Only				
			Mo	Day				Yr	Premium	Amt. of Ins	ADB Prem	PW Prem
											<input type="checkbox"/> Yes <input type="checkbox"/> No	
											<input type="checkbox"/> Yes <input type="checkbox"/> No	
											<input type="checkbox"/> Yes <input type="checkbox"/> No	
											<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Has the applicant any existing life insurance policies in force? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the Notice of Replacement.												
34. Will the policy applied for replace or change any life insurance or annuities in force on the life of any proposed covered person? If Yes, give the name of the company and policy # being replaced, and enclose any required state replacement forms. <input type="checkbox"/> Yes <input type="checkbox"/> No Company Name _____ Policy # _____												

PART B To be completed for any proposed insured (*employee, spouse, children and/or grandchildren*) who is applying for more than the Guaranteed Issue limit. An additional sheet of paper may be attached if needed.

35.	Name of Proposed Insured	Relationship to Employee	Height		Weight
			ft.	in.	lbs.
			ft.	in.	lbs.
			ft.	in.	lbs.
			ft.	in.	lbs.

36. In the past 5 years have any of the proposed insureds been diagnosed by a member of the medical profession with:
 A. (1) asthma, emphysema or COPD (*chronic obstructive pulmonary disease or disorder*); (2) high blood pressure, stroke, heart or circulatory disease or disorder; (3) intestinal disease or disorder or ulcer; (4) leukemia, cancer, tumor or malignancy; (5) epilepsy, mental or nervous disease or disorder; (6) kidney or genito-urinary disease or disorder; (7) liver disease; (8) pancreatitis (*new or acute*); (9) thyroid disorder; (10) transient ischemic attack (*TIA*) or (11) disorder of the back, muscles, bones or joints? Yes No

B. (1) diabetes requiring insulin, been prescribed or used insulin for the treatment of diabetes, or been diagnosed with or treated for complications of diabetes, including Insulin Shock, Diabetic Coma, Retinopathy, Neuropathy, Amputation, Nephropathy, Kidney disorder or End stage renal disease? Yes No

C. (1) having Amyotrophic Lateral Sclerosis (*ALS*)? Yes No

D. (1) having Huntington's chorea? Yes No

E. (1) having Human Immunodeficiency Virus (*HIV*) or Acquired Immunodeficiency Syndrome (*AIDS*)? Yes No

37. In the past 5 years have any of the proposed insureds (1) been hospitalized or had hospitalization recommended; (2) had a physical examination or medical test with other than normal results? Yes No

38. In the past 5 years have any of the proposed insureds used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, opioids or other habit forming drugs, except as prescribed by a member of the medical profession? Yes No

39. In the past 5 years have any of the proposed insureds received medical treatment or counseling for, or been advised by a member of the medical profession to discontinue, the use of alcohol or prescribed or non-prescribed drugs? Yes No

40. Do any of the proposed insureds: (1) fly, or intend to fly, within the next 2 years, as a pilot or crew member; (2) race or test any form of vehicle; (3) skin or scuba dive; (4) hang glide or sky dive? Yes No

41. Details for questions 36 through 40 answered "YES". Include question number. An additional sheet of paper may be attached if needed.

Name	Disease or Injury	Date Diagnosed	Details - include treatment & medications

AGREEMENT AND DECLARATION - Read Carefully Before Signing
 I/WE represent that the statements and answers written in this application parts A & B and any supplements are complete and true to the best of my/our knowledge and belief, and it is agreed that:

A. This application and any supplement shall form the basis for and become a part of any policy issued.

B. The agent has no authority to waive the answer to any question in, or to modify, the application. No information will be considered to have been given to the company unless it is stated in the application, and that they will notify the company of any change in the statements or answers given between the time of the application and delivery of the policy.

C. The insurance applied for shall be in force as of the date of this application signed by me, provided that the Company approved the application without any modification as to plan, amount of 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 until the policy has been delivered to and accepted by me.

D. The employee will be the owner unless otherwise stated in Remarks #30. In the event of the employee's death, ownership will transfer to the primary beneficiary unless a contingent owner is designated.

E. I authorize Boston Mutual Life Insurance Company to obtain a Consumer Report on me. I understand that information concerning my application for coverage may be verified through one or more of these reports and that information received through this process may be used in whole or in part to determine my eligibility for coverage. Upon request, I may be informed as to whether a consumer report was requested, and if such report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. If the use of a consumer report results in an adverse action regarding my application for coverage, I will be informed by Boston Mutual Life Insurance Company of my rights, under the FCRA concerning that action.

F. I acknowledge that I have received a copy of Boston Mutual Life Insurance Company's Notice of Privacy Practices.

G. **FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Employee (*Owner*) _____ Signature of Spouse (*If required by State law*) _____

Signature of Dependent Children (*If required by State law*) _____

Agent's statement: To the best of your knowledge, does this insurance replace or change any existing insurance or annuities? Yes No

Witnessed (*Licensed Agent*) _____ Signed state _____ Date ____ / ____ / ____

Print Licensed Agent Name _____ NPN # _____

You have the right to designate a third party for your policy. If designated, the policy owner and the designated third party will be notified of possible cancellation of the policy. I hereby designate the following person as a third party:

Name, Address and Telephone # of Third Party: _____

Important Notice: Replacement of Life Insurance or Annuities

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement. You should carefully consider whether a replacement is in your best interest. You will pay acquisitions costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (*include the name of the insurer, the insured, and the contract number if available*) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY	INSURED	REPLACED (R) OR # FINANCING (F)
1. _____			

Make sure you know the facts. Contact your existing company or its agents for information about the old policy or contract. (*If you request one, an in-force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer.*) Ask for and retain all sales materials used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature Printed Name Date

Producer's Signature Printed Name Date

I do not want this notice read aloud to me. _____ (*Applicants must initial only if they do not want the notice read aloud.*)

Replacement of Life Insurance or Annuities...cont.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense.

PREMIUMS:

Are they affordable?

Could they change?

You're older - are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

(Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.)

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? *(See your tax advisor.)*

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Boston Mutual Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formally known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

MIB REPORTING AUTHORIZATION

I authorize Boston Mutual Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

**BOSTON MUTUAL LIFE INSURANCE COMPANY
AUTHORIZATION FOR RELEASE OF HEALTH RELATED INFORMATION
(This authorization complies with the HIPAA Privacy Rule)**

I authorize any health plan, insurer, physician, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, services, or payment to the Proposed Insured/s, or on their behalf, as well as the MIB, Inc. (*formally known as the Medical Information Bureau, Inc.*) and other medical information providers, to disclose the entire medical record and any other Protected Health Information concerning such person to the Boston Mutual Life Insurance Company (BML), its employees and representatives. This authorization specifically includes the release of all information related to my health or that of my minor children and or my minor children's insurance policies and claims, including but not limited to, information on the diagnoses, prognoses, treatments, prescription drug information, and information regarding diagnosis, prognosis and treatment of mental illness, communicable or infectious conditions, such as HIV or AIDS, and use of alcohol, drugs and tobacco, but excludes psychotherapy notes. The Protected Health Information is being disclosed so that BML may: 1) underwrite/assess an applicant's eligibility for coverage, 2) obtain reinsurance, 3) pay claims and, 4) conduct other legally permissible activities related to the coverage applied for by this individual. The time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. A copy of this authorization is as valid as the original. I understand that: I or my authorized representative have the right to revoke this authorization at any time by sending a written request for revocation. Revoking or failing to sign this Authorization may impair BML's ability to process this application; a revocation is not effective to the extent that the Authorization has been relied on for the above listed uses; any information disclosed pursuant to this authorization may be redisclosed and redisclosed information may no longer be covered by federal rules governing privacy or health information. I acknowledge that I have received a copy of BML's Notice of Privacy Practices. I have read this Authorization and understand that I or my authorized representative can receive a copy of it.

Signature of Primary Proposed Insured

Date

NOTICE OF INFORMATION PRIVACY PRACTICES



Boston Mutual Life Insurance Company
(Herein referred to as “we”, “us”, “our”)

FAMILY MATTERS. NO MATTER WHAT.

PROTECTING YOUR INFORMATION

To protect your nonpublic personal information, we maintain: physical, electronic and procedural safeguards.

COLLECTING INFORMATION

We collect information about you in order to conduct business. Such uses are: to process requests for insurance products, to provide customer service, to process claims, to fulfill legal and regulatory requirements and for other lawful purposes. We collect this information from you, as well as from other sources. We restrict access to your information to those working on our behalf who have a need to know it in order for us to provide products and services to you. We require them to secure the information and keep it confidential.

▶ ***Information we collect may include all the information you share with us including, for example, your:***

- name
- address
- telephone number
- date of birth
- social security or tax identification number
- employer name and income
- beneficiary data
- financial account numbers
- medical information
- and other information you share with us

▶ ***We may also collect data we receive from other sources, as allowed by law, which may include:***

- medical information
- consumer report information in accordance with the Fair Credit Reporting Act
- participant information from organizations that purchase products or services from us for the benefit of their members or employees, such as group insurance
- information to assist us in complying with state and federal laws

SHARING INFORMATION

We do not share information about our customers or former customers with anyone, except as permitted or required by law.

▶ ***We may share your information with third parties without your authorization as permitted by law. Such information is used on our behalf by these third parties to:***

- process or service your insurance transactions with us
- perform underwriting, administrative, account maintenance and claims functions
- provide customer service or reinsurance coverage
- prevent fraud
- perform other business functions on our behalf

▶ ***We may also share your information with:***

- a consumer reporting agency in accordance with the Fair Credit Reporting Act
- a third party to comply with federal, state or local laws, subpoenas, or summonses
- regulators
- or as otherwise permitted or required by law.

Third parties receiving information from us are required to: keep it confidential and to comply with all applicable federal and state privacy laws.

PLEASE LEAVE THIS NOTICE WITH THE CLIENT

ACCESS TO YOUR INFORMATION WE HAVE IN OUR RECORDS

You have the right to request access to all the information we have on you. You must make your request in writing at the address below.

AMENDMENTS TO YOUR INFORMATION

You have the right to request an amendment, correction or deletion of information which we hold about you which you believe may be inaccurate. We are not obligated to make updates to your data based on your request. You must make the request in writing and state the reasons you are requesting the change. Write us at the address below.

If you have questions about this notice or would like more information about our privacy policies, please write us at:

Boston Mutual Life Insurance Company
Attention: Privacy Office
120 Royall Street • Canton, MA 02021

BOSTON MUTUAL LIFE INSURANCE COMPANY

USA PATRIOT ACT NOTIFICATION

In order to comply with the USA PATRIOT Act, financial institutions must implement an Anti-Money Laundering Program, which includes knowing the identity of their customers. Verification of identity applies to both new policies and when certain changes are made to the information on existing policies, or to the coverage itself. In order to satisfy our obligation, you may be asked to allow our agent to view your unexpired, government issued picture ID. The verification process may also include the use of a third party source to confirm the information provided to us. Please be assured that this information will be treated with the highest regard for your privacy and in accordance with our Privacy Practices.