



Donna Carcerano, Benefits Administrator
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Phone: (617) 924-1000, Ext. 220
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GROUP LIFE/ACCIDENTAL DEATH & DISMEMBERMENT & SHORT TERM DISABILITY INSURANCE PLAN OFFER

In an ongoing effort to reduce your cost of doing business and provide exceptional employee benefits programs, NEFI has negotiated a group Life and Accidental Death & Dismemberment Plan.

We have selected the professionals at **Bostonian Solutions** to bring you this exciting plan.

KEY FEATURES:

- Guaranteed coverage - no medical questions!
- 47¢ per \$1000 of Life Insurance regardless of age, per month
- 5¢ per \$1000 of Accidental D&D, per month
- 86¢ per \$10.00 for Short Term Disability, per month
- Flexible employee waiting periods
- Multiple plan options
- Liberal employee participation requirements
- Conversion to personal insurance privilege
- Waiver of premium opportunities
- \$10,000 Life Insurance Retiree Benefit \$3.00 per \$1000 (Retired owner, proprietor, or partner)

Please review the plan options available on the attached sheet, if you have any questions or wish to enroll in this plan please contact the New England Fuel Institute Insurance Department at (617) 923-5020 (direct line), (617) 924-1000 ext. 220 or send an email to donna@nefi.com .

THE INSURANCE PLANS

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN I

Benefit Classifications:

Class I: ACTIVE OFFICERS, MANAGEMENT AND SUPERVISORY PERSONNEL

Class II: ALL OTHER ELIGIBLE EMPLOYEES

Class I:

LIFE INSURANCE	3.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFITS	3.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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Class II:

LIFE INSURANCE	2.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFITS	2.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN II

Benefit Classifications:

Class I: ACTIVE OFFICERS, MANAGEMENT AND SUPERVISORY PERSONNEL

Class II: ALL OTHER ELIGIBLE EMPLOYEES

Class I:

LIFE INSURANCE	2.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFITS	2.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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Class II:

LIFE INSURANCE	1.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFITS	1.00 times basic annual earnings rounded to the next higher multiple of \$1,000 to a maximum of \$350,000.00
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SHORT TERM DISABILITY PLAN

SHORT TERM DISABILITY

Amount of Weekly Benefit	60% of salary to a maximum of \$750 per week
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Benefits begin on the 1st day of disability as a result of Accident, the 8th day of disability as result of Sickness and are payable for 26 weeks.



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LIFE INSURANCE RETIREE BENEFIT OFFER

A Retired owner, proprietor, or partner is defined as a former employee who was an owner, proprietor, or partner who has left the business on a full-time basis, was insured as an active employee immediately prior to retirement and is no longer receiving pay from the participating employer, and considers him or herself retired. The premium must be paid by the participating employer.

Employers who participate in the Trust may elect to insure owners, proprietors, or partners when they retire for a \$10,000 life benefit that does not reduce do to age. The owner, proprietor, or partner must retire on or after the date of the amendment 10/1/04.

The rate will be \$3.00 per \$1,000

SCHEDULE OF BENEFITS

Eligible Employers:

Employers who are participating members of the New England Fuel Institute Trust who have:

- 1) elected to participate in the Trust plan; and**
- 2) have at least 1 employee eligible for coverage on the participating employer's effective date.**

Eligibility:

Each active full-time officer, proprietor, partner, and employee is eligible for coverage. Full-time means that the officer, proprietor, partner, or employee is actively employed at least 30 hours each week on a regularly scheduled basis for his employer as of the effective date. Actively employed means the employee is performing the normal duties of his occupation.

Employees not actively employed as of their effective date will have their coverage deferred until they return to full-time employment.

Participation Requirements:

If coverage is contributory and if the employer has 1 to 4 eligible employees, all must enroll; if the participating employer has 5 to 7 eligible employees, all but 1 must enroll; if the participating employer has 8 to 10 eligible employees, all but 2 must enroll; and if the participating employer has 11 or more eligible employees, at least 75% must enroll. If coverage is non-contributory, 100% must enroll.

Waiting Period:

The participating employer may elect a waiting period to suit that employer's needs. It may begin on the date of hire or up to 6 months after date of hire.

Plans Available:

A participating employer may elect between two life and AD&D plans. If one of these life and AD&D plans are elected, a Short Term Disability benefit may be elected.

Benefits reduce by 35% upon the employee's attainment of age 70, and further reduce to 50% of the original amount upon the employee's attainment of age 75.

Benefits terminate at retirement. A Retiree Benefit is available to owners, officers, proprietors, and partners at retirement.

Satisfactory evidence of insurability is required for all life and Accidental Death and Dismemberment insurance in excess of \$150,000.



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If you are interested in enrolling in the Group Life/A.D.&D and Short Term Disability Insurance Plan please complete the following information and NEFI will send the required Enrollment Forms.

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Fax Number _____

Plan I _____ Plan II _____

Number of Eligible Employees _____

Signature _____ Date _____

Fax To: NEFI Insurance Program
Donna Carcerano, Benefits Administrator
(617) 924-1927

Mail To: Donna Carcerano, Benefits Administrator
New England Fuel Institute
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