



City of Chelsea

Open Enrollment Happening Now

Short Term Disability

- ❖ Protects your paycheck due to accident, surgery, sickness and maternity leave
- ❖ Hospital Coverage available which pays \$500 for hospitalization
- ❖ 24-hour coverage *ON & OFF THE JOB!*
- ❖ Protects up to 60% of earnings tax-free when out of work
- ❖ Benefits are paid in addition to any other insurance, sick time and workers compensation
- ❖ Pre-existing conditions apply for the first 12 months
- ❖ Long Term Disability also available

Whole and Term Life Insurance

- ❖ Guaranteed Issue – **NO MEDICAL QUESTIONS** for this enrollment only
- ❖ Spouse, Child and Grandchild coverage available
- ❖ Individual Whole Life Insurance Policy with level cost and coverage
- ❖ Plans are completely portable, can come with you if you leave your current job
- ❖ Provides lifetime coverage that builds cash value

Accident Coverage

- ❖ Guaranteed Issue – **NO MEDICAL QUESTIONS** for this enrollment only
- ❖ Provides cash benefits direct to the policyowner for accidents or injuries
- ❖ Coverage includes payouts for: ER visits, X-Ray, Ambulance, Fractures, Stitches, Concussion, Dislocations, Burns, Physical Therapy, Accidental Death and more.
- ❖ Wellness Benefit payable each year for annual physical
- ❖ Family coverage is available for Spouse and Child for additional cost

Please reach out for enrollment, rates and questions

Contact: Jesse White at (781)-910-1438

Or Scudder Sinclair at (617)-768-7668

Email: INFO@MembershipBenefitsGroup.com



City of Chelsea

Sample Weekly Rates(48 deductions) – City of Chelsea

Short Term Disability Sample Weekly Premiums

Annual Income	Monthly Coverage	14 Day Elimination Period 6 Month Benefit Ages 18-49 Weekly Rate	14 Day Elimination Period 6 Month Benefit Ages 50-69 Weekly Rates
\$70,000 or above	\$4,000	\$ 23.72	\$ 30.99
\$60,000-69,999	\$3,500	\$ 20.74	\$ 27.20
\$50,000-59,999	\$3,000	\$ 17.77	\$ 23.41
\$40,000-49,999	\$2,500	\$ 14.79	\$ 19.62
\$30,000-39,999	\$2,000	\$ 11.81	\$ 15.70
\$20,000-29,999	\$1,500	\$ 8.83	\$ 11.77
\$19,999 or less	\$1,000	\$ 5.85	\$ 7.85

Hospital Indemnity:

Employee Coverage	Employee & Spouse Coverage	Employee & Child Coverage	Employee, Spouse & Child Coverage
\$2.55	\$3.65	\$3.72	\$4.94

Whole Life Insurance - Sample Non-Tobacco Weekly Premiums

Sample Ages	\$10,000	\$25,000	\$50,000	\$100,000
Age 25	\$2.36	\$4.49	\$8.31	\$15.92
Age 35	\$3.13	\$6.79	\$11.76	\$22.82
Age 45	\$4.46	\$10.12	\$18.20	\$35.71
Age 55	\$7.05	\$16.58	\$28.29	\$55.88
Age 65	\$12.48	\$24.30	\$48.90	N/A

Accident Insurance Sample Weekly Premiums

Employee Coverage	Employee & Spouse Coverage	Employee & Child Coverage	Employee, Spouse & Child Coverage
\$4.15	\$5.54	\$6.92	\$8.31

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