

To: All Regular Full-Time & Eligible Part-Time Employees

From: H. Naomi Poole, HRD, Human Resources Department

Date: October 29th, 2024

Subject: LID Open Enrollment, November 1st, 2024 - November 18th, 2024

Open Enrollment for LID coverage will begin on Friday, November 1st, 2024, and end at the close of business (5:00 PM) on Monday, November 18th, 2024.

LID is life, accidental death/dismemberment, and short-term disability insurance. LID insurance is a life and disability insurance product provided to full-time, regular part-time (30 hours per week), and regular part-time non-bargaining (20 – 30 hours per week depending on hire date). For full-time employees, the premium is shared 50%/50% between the employee and the City. Part-time employees have a 25%/75% cost sharing with the City portion being 25%. The employee's contribution is dedicated from the first paycheck of each month.

Below is a summary of LID coverage:

The life benefit is two times your annual salary. The calculation method is to multiply your yearly salary by two (2) and then "round up" to the next \$1,000. For example, a person earning \$26,612 would have coverage for \$54,000. The maximum life insurance coverage is \$350,000.

In the case of a disability claim, that has been documented by a doctor, the plan pays a weekly disability benefit of 70% of your weekly wages, not to exceed a weekly benefit payment of \$400. There are two types of disabilities covered with this plan, sickness and off-duty accidents.

For a sickness that has been documented by a doctor, there is an initial waiting period of seven (7) calendar days following the onset of an illness. During this period, no benefits are paid. After the 7-day waiting period, the employee is entitled to up to fifty-two (52) weeks of short-term disability payments. The first seven (7) calendar days are considered part of the fifty-two (52) weeks. Benefits for members of the Fraternal Order of Police (FOP) shall begin on the 22nd calendar day or the exhaustion of sick leave, whichever is sooner with the understanding that there is a 7-day management waiting period.

Please Note: All claims are subject to approval by UNUM Provident.

Following an off-duty accident there is no waiting period. Employees are entitled to up to fifty-two (52) weeks of short-term disability payments. Off-duty accidents must be documented by a doctor. For members of the Fraternal Order of Police (FOP) the benefits for off-duty accidents will begin on the 22nd calendar day or the exhaustion of sick leave, whichever is sooner. **All claims are subject to approval by UNUM Provident.**

If you wish to discontinue coverage, please complete the highlighted areas on the attached election form, check the box at the bottom, sign, date, and return to the Human Resources Department by Monday, November 18th, 2024.

Any changes completed during open enrollment will become effective **January 10th**, **2025**. Enrollment in LID insurance is a binding election. This means that you are only permitted to enroll or discontinue coverage during the Open Enrollment period, which takes place in November of each year.

IF YOU WISH TO CONTINUE YOUR COVERAGE, NO ACTION IS NEEDED ON YOUR PART.

Please keep in mind that the total monthly insurance premium is based on your annual salary.

As you receive pay increases, your monthly insurance premium will also increase.

BENEFIT	2025 RATE (PER UNIT)
LIFE INSURANCE	.18
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)	.03
LONG TERM DISABILITY INSURANCE	.325
SHORT TERM DISABILITY INSURANCE	.5

If you are recently married, divorced, or experienced some other life event, now is a good time to update your beneficiaries for LID. A beneficiary card is attached for your convenience. Please complete and return to Human Resources.

If you have any questions regarding LID Open Enrollment, please contact Human Resources at 302-736-7073.



until the next open enrollment.

GROUP INSURANCE ENROLLMENT FORM

Unum Life Insurance Company of America 2211 Congress Street, Portland, ME 04122

Policy #	_	Division #				
Employee Name (last name, first, m	niddle initial)	Policyholder N	ame	L <mark>inguistas</mark>		
Employee Address (street, city, state	e, zip code)	Social Security	Number Date of Birt	th		
Sex	Salary \$ Weekly Monthly Annually	_ Hours Worked	per Week Occupation	n/Title		
Full Time Date of Hire or Date you e	enter an eligible class					
Coverage Elections: Your employed	er will inform you of availabl	e coverage <mark>.</mark> Check yes to	enroll; check no if yo	ou		
Life	Life Amount \$ AD&D Amount \$	S1	TD Yes No			
Note: If you have chosen Life covera complete an Evidence of Insu- subject to medical underwriting following the date UnumProvida above coverage during your in an Evidence of Insurability form	rability form. The amount of co g approval and will become eff dent approves your Evidence o nitial enrollment period and cho m for all amounts of coverage.	verage over your Guarante ective on the first of the mo of Insurability form. If you d oose to enroll at a later date	ee Issue amount will be onth coincident with or one one apply for any of	next the		
Name (last name, first, middle initial)		Relation to	You: Benefit	t %:		
If the Beneficiary(ies) named above	are not living, then pay:					
Note: Benefits cannot be sent direct	tly to a minor. Please consult	your policy for additional in	formation.			
Request for Signature and Counderstand that my insurance concenefit offsets, as described in the my employer. I certify that all statem his form will be made available to me calary or wages to pay the premium warmount will change if my coverage or	verage may be subject to ex enrollment materials or em- lents are true to the best of my e at my request. I authorize my when my insurance becomes e	ployee booklet(s) that hat knowledge and belief and employer to make the ned	ve been provided to not a cope sample of the cope sample of the cope sample of the cope of	me by		
Employee Signature	Date	Work Phone	Home Phone			
I wish to discontinue l	LID insurance effective No aderstand that I will not be	ovember 1, 2022. This is permitted to enroll in 1	s a binding election LID coverage again			

UNUM.	Life/Acc	idental Death Benef	iciary Card		
J. 113.471.	Policyholder Name	Policy/Division Num	nber		
	City of Dover, Delawere	588352			
Insured's Name	Birthdate	Social Security Number			
Bonoficiary	% of Benefit	Scolal Security Number	Relationship		
Beneficiary	% of Benefit	Social Security Number	Relationship		
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Contingent Beneficiary (used only if	the above beneficiary dies before you do)	' ,	**************************************		
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Instiraci	s Bignature	Dat			
27-90 (10/02)	Similar	Date	U		

City of Dover

<u>Life, Accidental Death and Short-Term Disability Benefits</u> Employee Portion of Premium Per Pay

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And Andrea Andrea Andrea									
	\$70,000		\$140,000		\$3,500.00	\$5.82	\$0.97	\$4.62	\$11.40

\$71,000	\$142,000	\$142,000	\$400.00	\$3,550.00	\$5,90	\$0.98	\$4.62	\$11.50
\$72,000	\$144,000	\$144,000	\$400,00	\$3,600.00	\$5.98	\$1,00	\$4.62	\$11.59
\$73,000	\$146,000	\$146,000	\$400,00	\$3,650.00	\$6.06	\$1.01	\$4.62	\$11.69
\$74,000	\$148,000	\$148,000	\$400,00	\$3,700.00	\$6.15	\$1.02	\$4,62	\$11.79
\$75,000	\$150,000	\$150,000	\$400.00	\$3,750.00	\$6.23	\$1.04	\$4.62	\$11.88
\$76,000	\$152,000	\$152,000	\$400.00	\$3,800.00	\$6.31	\$1.05	\$4.62	\$11.98
\$77,000	\$154,000	\$154,000	\$400.00	\$3,850.00	\$6.40	\$1.07	\$4.62	\$12.08
\$78,000	\$156,000	\$156,000	\$400.00	\$3,900.00	\$6.48	\$1.08	\$4.62	\$12.18
\$79,000	\$158,000	\$158,000	\$400.00	\$3,950.00	\$6,56	\$1.09	\$4.62	\$12.27
\$80,000	\$160,000	\$160,000	\$400.00	\$4,000.00	\$6.65	\$1.11	\$4,62	\$12.37
\$81,000	\$162,000	\$162,000	\$400.00	\$4,050.00	\$6.73	\$1.12	\$4,62	\$12,47
\$82,000	\$164,000	\$164,000	\$400.00	\$4,100.00	\$6,81	\$1.14	\$4.62	\$12,56
\$83,000	\$166,000	\$166,000	\$400.00	\$4,150.00	\$6.90	\$1.15	\$4.62	\$12,66
\$84,000	\$168,000	\$168,000	\$400.00	\$4,200.00	\$6,98	\$1.16	\$4.62	\$12,76
\$85,000	\$170,000	\$170,000	\$400.00	\$4,250.00	\$7.06	\$1.18	\$4.62	\$12.85
\$86,000	\$172,000	\$172,000	\$400.00	\$4,300.00	\$7.14	; \$1.19	\$4.62	\$12.85 \$12.95
\$87,000	\$174,000	\$174,000	\$400,00	\$4,350.00	\$7.23	\$1.20	\$4.62	\$12.95 \$13.05
\$88,000	\$176,000	\$176,000	\$400.00	\$4,400.00	\$7.23 \$7.31	\$1,22	\$4.62	\$13.05 \$13.14
\$89,000	\$178,000	\$178,000 \$178,000	\$400.00	\$4,450,00	\$7.39	\$1.22 \$1.23	\$4.62 \$4.62	\$13,24
\$90,000	\$180,000	\$180,000	\$400.00	\$4,500.00	\$7.48	\$1.25 \$1.25	\$4.62	
\$91,000	\$182,000	\$182,000	\$400.00	\$4,550.00	\$7. 4 6 \$7.56	\$1.25	\$4.62	\$13.34
\$92,000	\$184,000	\$184,000	\$400.00	\$4,600.00	\$7.5 0 \$7.64	\$1.20 \$1.27		\$13,44
\$93,000	\$186,000	\$186,000	\$400.00	\$4,650.00			\$4,62	\$13.53
\$94,000	\$188,000	\$188,000	\$400.00	\$4,700.00	\$7.73	\$1.29	\$4,62	\$13.63
\$95,000	\$190,000	\$190,000	\$400.00		\$7.81	\$1.30	\$4.62	\$13,73
\$95,000 \$96,000	\$190,000	• •		\$4,750.00	\$7.89	\$1.32	\$4.62	\$13.82
	\$192,000 \$194,000	\$192,000	\$400.00	\$4,800.00	\$7.98	\$1.33	\$4.62	\$13.92
\$97,000 \$98,000	\$194,000 \$196,000	\$194,000	\$400.00	\$4,850.00	\$8.06	\$1.34	\$4.62	\$14.02
\$99,000		\$196,000	\$400,00	\$4,900.00	\$8.14	\$1.36	\$4.62	\$14.11
\$100,000	\$198,000 \$200,000	\$198,000	\$400.00	\$4,950.00	\$8.22	\$1.37	\$4.62	\$14.21
\$101,000	\$202,000	\$200,000	\$400.00	\$5,000.00	\$8,31	\$1.38	\$4.62	\$14.31
\$102,000	•	\$202,000	\$400.00	\$5,050.00	\$8.39	\$1.40	\$4.62	\$14.40
	\$204,000	\$204,000	\$400.00	\$5,100.00	\$8,47	\$1,41	\$4.62	\$14.50
\$103,000	\$206,000	\$206,000	\$400,00	\$5,150.00	\$8.56	\$1.43	\$4.62	\$14.60
\$104,000	\$208,000	\$208,000	\$400,00	\$5,200.00	\$8,64	\$1.44	\$4,62	\$14.70
\$105,000	\$210,000	\$210,000	\$400.00	\$5,250.00	\$8,72	\$1.45	\$4.52	\$14.79
\$106,000	\$212,000	\$212,000	\$400.00	\$5,300.00	\$8,81	\$1,47	\$4.62	\$14.89
\$107,000	\$214,000	\$214,000	\$400.00	\$5,350.00	\$8.89	\$1,48	\$4.62	\$14.99
\$108,000	\$216,000	\$216,000	\$400.00	\$5,400.00	\$8.97	\$1.50	\$4.62	\$15.08
\$109,000	\$218,000	\$218,000	\$400.00	\$5,450.00	\$9.06	\$1.51	\$4.62	\$15.18
\$110,000	\$220,000	\$220,000	\$400.00	\$5,500.00	\$9.14	\$1.52	\$4.62	\$15,28
\$111,000 .	\$222,000	\$222,000	\$400.00	\$5,550.00	\$9,22	\$1.54	\$4.62	\$15,37
\$112,000	\$224,000	\$224,000	\$400.00	\$5,600.00	\$9.30	\$1.55	\$4.62	\$15.47
\$113,000	\$226,000	\$226,000	\$400.00	\$5,650.00	\$9,39	\$1.56	\$4.62	\$15.57
\$114,000	\$228,000	\$228,000	\$400.00	\$5,700.00	\$9,47	\$1.58	\$4.62	\$15.66
\$115,000	\$230,000	\$230,000	\$400.00	\$5,750,00	\$9.5 5	\$1,59	\$4.62	\$15.76
\$116,000	\$232,000	\$232,000	\$400.00	\$5,800.00	\$9.64	\$1.61	\$4.62	\$15.86
\$117,000	\$234,000	\$234,000	\$400.00	\$5,850.00	\$ 9 .72	\$1.62	\$4.62	\$15.96
\$1.18,000	\$236,000	\$236,000	\$400.00	\$5,900.00	\$9.80	\$1.63	\$4.62	\$1.6.05
\$119,000	\$238,000	\$238,000	\$400.00	\$5,950.00	\$9.89	\$1.65	\$4.62	\$16.15
\$120,000	\$240,000	\$240,000	\$400.00	\$6,000.00	\$9.97	\$1.66	\$4.62	\$16.25
Δበዴኮ Benefit	navs in addition to	o Life Insuran <i>ce</i> Re	nofit					

\$120,000 \$240,000 \$240,000 \$400.00
*AD&D Benefit pays in addition to Life Insurance Benefit