



MEMORANDUM

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.

**GROUP INSURANCE ENROLLMENT FORM**

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

Policy # _____

Division # _____

Employee Name (last name, first, middle initial)		Policyholder Name	
Employee Address (street, city, state, zip code)		Social Security Number	Date of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Salary \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Hours Worked per Week	Occupation/Title
Full Time Date of Hire or Date you enter an eligible class			

Coverage Elections: Your employer will inform you of available coverage. Check yes to enroll; check no if you decline or coverage is not available.

Life ☐ Yes ☐ NoAD&D ☐ Yes ☐ No

Life Amount \$ _____

AD&D Amount \$ _____

☐ STD ☐ Yes ☐ No

Note: If you have chosen Life coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective on the first of the month coincident with or next following the date UnumProvident approves your Evidence of Insurability form. If you **do not apply** for any of the above coverage during your initial enrollment period and choose to enroll at a later date, you will need to complete an Evidence of Insurability form for all amounts of coverage.

Beneficiary Information* (complete only if Life Coverage is selected)

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the Beneficiary(ies) named above are not living, then pay:		

*Note: Benefits cannot be sent directly to a minor. Please consult your policy for additional information.

Request for Signature and Certification:

I understand that my insurance coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets, as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Employee Signature _____

Date _____

Work Phone _____

Home Phone _____

1268-03

☐

I wish to discontinue LID insurance effective November 1, 2022. This is a binding election which means that I understand that I will not be permitted to enroll in LID coverage again until the next open enrollment.

UNUM



Life/Accidental Death Beneficiary Card

Unum Life Insurance Company of America, Portland, ME 04122

Policyholder Name City of Dover, Delaware		Policy/Division Number 588352	
Insured's Name	Birthdate ____/____/____	Social Security Number	
Beneficiary	% of Benefit	Social Security Number	Relationship
Beneficiary	% of Benefit	Social Security Number	Relationship
Beneficiary	% of Benefit	Social Security Number	Relationship
Contingent Beneficiary (used only if the above beneficiary dies before you do)			
Insured's Signature		Date ____/____/____	

City of Dover

Life, Accidental Death and Short-Term Disability Benefits

Employee Portion of Premium Per Pay

Annual Salary	Life Insurance Benefit	Accidental Life Insurance Benefit *AD&D*	Weekly Short Term Disability Benefit	Monthly Long Term Disability Benefit**	Life Insurance Premium	AD&D Premium	Short Term Disability Premium	Total Premium
\$25,000	\$50,000	\$50,000	\$336.54	\$1,250.00	\$2.08	\$0.35	\$3.88	\$6.31
\$26,000	\$52,000	\$52,000	\$350.00	\$1,300.00	\$2.16	\$0.36	\$4.04	\$6.56
\$27,000	\$54,000	\$54,000	\$363.46	\$1,350.00	\$2.24	\$0.37	\$4.19	\$6.81
\$28,000	\$56,000	\$56,000	\$376.92	\$1,400.00	\$2.33	\$0.39	\$4.35	\$7.06
\$29,000	\$58,000	\$58,000	\$390.38	\$1,450.00	\$2.41	\$0.40	\$4.50	\$7.32
\$30,000	\$60,000	\$60,000	\$400.00	\$1,500.00	\$2.49	\$0.42	\$4.62	\$7.52
\$31,000	\$62,000	\$62,000	\$400.00	\$1,550.00	\$2.58	\$0.43	\$4.62	\$7.62
\$32,000	\$64,000	\$64,000	\$400.00	\$1,600.00	\$2.66	\$0.44	\$4.62	\$7.72
\$33,000	\$66,000	\$66,000	\$400.00	\$1,650.00	\$2.74	\$0.46	\$4.62	\$7.81
\$34,000	\$68,000	\$68,000	\$400.00	\$1,700.00	\$2.82	\$0.47	\$4.62	\$7.91
\$35,000	\$70,000	\$70,000	\$400.00	\$1,750.00	\$2.91	\$0.48	\$4.62	\$8.01
\$36,000	\$72,000	\$72,000	\$400.00	\$1,800.00	\$2.99	\$0.50	\$4.62	\$8.10
\$37,000	\$74,000	\$74,000	\$400.00	\$1,850.00	\$3.07	\$0.51	\$4.62	\$8.20
\$38,000	\$76,000	\$76,000	\$400.00	\$1,900.00	\$3.16	\$0.53	\$4.62	\$8.30
\$39,000	\$78,000	\$78,000	\$400.00	\$1,950.00	\$3.24	\$0.54	\$4.62	\$8.40
\$40,000	\$80,000	\$80,000	\$400.00	\$2,000.00	\$3.32	\$0.55	\$4.62	\$8.49
\$41,000	\$82,000	\$82,000	\$400.00	\$2,050.00	\$3.41	\$0.57	\$4.62	\$8.59
\$42,000	\$84,000	\$84,000	\$400.00	\$2,100.00	\$3.49	\$0.58	\$4.62	\$8.69
\$43,000	\$86,000	\$86,000	\$400.00	\$2,150.00	\$3.57	\$0.60	\$4.62	\$8.78
\$44,000	\$88,000	\$88,000	\$400.00	\$2,200.00	\$3.66	\$0.61	\$4.62	\$8.88
\$45,000	\$90,000	\$90,000	\$400.00	\$2,250.00	\$3.74	\$0.62	\$4.62	\$8.98
\$46,000	\$92,000	\$92,000	\$400.00	\$2,300.00	\$3.82	\$0.64	\$4.62	\$9.07
\$47,000	\$94,000	\$94,000	\$400.00	\$2,350.00	\$3.90	\$0.65	\$4.62	\$9.17
\$48,000	\$96,000	\$96,000	\$400.00	\$2,400.00	\$3.99	\$0.66	\$4.62	\$9.27
\$49,000	\$98,000	\$98,000	\$400.00	\$2,450.00	\$4.07	\$0.68	\$4.62	\$9.36
\$50,000	\$100,000	\$100,000	\$400.00	\$2,500.00	\$4.15	\$0.69	\$4.62	\$9.46
\$51,000	\$102,000	\$102,000	\$400.00	\$2,550.00	\$4.24	\$0.71	\$4.62	\$9.56
\$52,000	\$104,000	\$104,000	\$400.00	\$2,600.00	\$4.32	\$0.72	\$4.62	\$9.66
\$53,000	\$106,000	\$106,000	\$400.00	\$2,650.00	\$4.40	\$0.73	\$4.62	\$9.75
\$54,000	\$108,000	\$108,000	\$400.00	\$2,700.00	\$4.49	\$0.75	\$4.62	\$9.85
\$55,000	\$110,000	\$110,000	\$400.00	\$2,750.00	\$4.57	\$0.76	\$4.62	\$9.95
\$56,000	\$112,000	\$112,000	\$400.00	\$2,800.00	\$4.65	\$0.78	\$4.62	\$10.04
\$57,000	\$114,000	\$114,000	\$400.00	\$2,850.00	\$4.74	\$0.79	\$4.62	\$10.14
\$58,000	\$116,000	\$116,000	\$400.00	\$2,900.00	\$4.82	\$0.80	\$4.62	\$10.24
\$59,000	\$118,000	\$118,000	\$400.00	\$2,950.00	\$4.90	\$0.82	\$4.62	\$10.33
\$60,000	\$120,000	\$120,000	\$400.00	\$3,000.00	\$4.98	\$0.83	\$4.62	\$10.43
\$61,000	\$122,000	\$122,000	\$400.00	\$3,050.00	\$5.07	\$0.84	\$4.62	\$10.53
\$62,000	\$124,000	\$124,000	\$400.00	\$3,100.00	\$5.15	\$0.86	\$4.62	\$10.62
\$63,000	\$126,000	\$126,000	\$400.00	\$3,150.00	\$5.23	\$0.87	\$4.62	\$10.72
\$64,000	\$128,000	\$128,000	\$400.00	\$3,200.00	\$5.32	\$0.89	\$4.62	\$10.82
\$65,000	\$130,000	\$130,000	\$400.00	\$3,250.00	\$5.40	\$0.90	\$4.62	\$10.92
\$66,000	\$132,000	\$132,000	\$400.00	\$3,300.00	\$5.48	\$0.91	\$4.62	\$11.01
\$67,000	\$134,000	\$134,000	\$400.00	\$3,350.00	\$5.57	\$0.93	\$4.62	\$11.11
\$68,000	\$136,000	\$136,000	\$400.00	\$3,400.00	\$5.65	\$0.94	\$4.62	\$11.21
\$69,000	\$138,000	\$138,000	\$400.00	\$3,450.00	\$5.73	\$0.96	\$4.62	\$11.30
\$70,000	\$140,000	\$140,000	\$400.00	\$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	\$12.95
\$87,000	\$174,000	\$174,000	\$400.00	\$4,350.00	\$7.23	\$1.20	\$4.62	\$13.05
\$88,000	\$176,000	\$176,000	\$400.00	\$4,400.00	\$7.31	\$1.22	\$4.62	\$13.14
\$89,000	\$178,000	\$178,000	\$400.00	\$4,450.00	\$7.39	\$1.23	\$4.62	\$13.24
\$90,000	\$180,000	\$180,000	\$400.00	\$4,500.00	\$7.48	\$1.25	\$4.62	\$13.34
\$91,000	\$182,000	\$182,000	\$400.00	\$4,550.00	\$7.56	\$1.26	\$4.62	\$13.44
\$92,000	\$184,000	\$184,000	\$400.00	\$4,600.00	\$7.64	\$1.27	\$4.62	\$13.53
\$93,000	\$186,000	\$186,000	\$400.00	\$4,650.00	\$7.73	\$1.29	\$4.62	\$13.63
\$94,000	\$188,000	\$188,000	\$400.00	\$4,700.00	\$7.81	\$1.30	\$4.62	\$13.73
\$95,000	\$190,000	\$190,000	\$400.00	\$4,750.00	\$7.89	\$1.32	\$4.62	\$13.82
\$96,000	\$192,000	\$192,000	\$400.00	\$4,800.00	\$7.98	\$1.33	\$4.62	\$13.92
\$97,000	\$194,000	\$194,000	\$400.00	\$4,850.00	\$8.06	\$1.34	\$4.62	\$14.02
\$98,000	\$196,000	\$196,000	\$400.00	\$4,900.00	\$8.14	\$1.36	\$4.62	\$14.11
\$99,000	\$198,000	\$198,000	\$400.00	\$4,950.00	\$8.22	\$1.37	\$4.62	\$14.21
\$100,000	\$200,000	\$200,000	\$400.00	\$5,000.00	\$8.31	\$1.38	\$4.62	\$14.31
\$101,000	\$202,000	\$202,000	\$400.00	\$5,050.00	\$8.39	\$1.40	\$4.62	\$14.40
\$102,000	\$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	\$4.62	\$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	\$9.55	\$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
\$118,000	\$236,000	\$236,000	\$400.00	\$5,900.00	\$9.80	\$1.63	\$4.62	\$16.05
\$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

*AD&D Benefit pays in addition to Life Insurance Benefit