



FAQ	Optional Additional Life Insurance	Optional Dependent Life Insurance	
What are they?	A policy that you can choose to add for yourself to your current basic LIDI plan.	A policy that you can choose to add to your current basic LIDI plan for your spouse or partner (Domestic Partnership Declaration Form required), and your dependent children up to age 26.	
How much coverage can I buy?	In \$10,000 increments, the lesser of 3 times salary basis (cash plus housing) or \$100,000 ¹	Option 1 \$10,000 for spouse/partner ² and/or \$5,000 for dependent child(ren) ³	Option 2 \$25,000 for spouse/partner and/or \$10,000 for dependent child(ren) ³
Both my spouse (or partner) and I are in the UCC LIDI Plan. Can both of us cover the same dependent?		No; that would double the allowable maximum benefit. Only one of you can cover each dependent child.	
Who is eligible to apply for these benefits?	Actively-working members currently enrolled in the UCC Life Insurance and Disability Income (LIDI) Benefit Plan. (For more information about eligibility, please refer to the booklet, <i>Highlights of Your UCC Life Insurance and Disability Income (LIDI) Benefit Plan</i> , available on the Pension Boards' website: https://bit.ly/LIDI_PUBL.)		
What is the enrollment period?	For coverage effective January 1, 2024, applications will be accepted from November 15, 2023 through December 15, 2023.		
Will these policies have a cash value if I leave the plan?	No; they are term insurance, which, by definition, has no value when you exit the plan through retirement or termination of employment.		
Can I continue optional coverage if I terminate employment or retire?	Although you cannot continue this coverage via Pension Boards after retirement or termination of employment, you do have the option of converting your existing coverage to an individual policy with MetLife, without medical review. Be aware, however, that your premiums will be higher in an individual plan.		

Note: Please refer to the booklet, *Highlights of Your UCC Life Insurance and Disability Income Benefit Plan*, for full details. In the event of any questions regarding coverage, the plan description takes precedence

¹All requests for additional coverage require a Statement of Health form.

²All requests for spouse/partner coverage require a Statement of Health form.

³Statement of Health not required unless applicant has been hospitalized in the past 90 days.

Optional Additional and Optional Dependent Life Insurance FAQs

How much will this coverage cost me?

OPTIONAL ADDITIONAL LIFE INSURANCE COVERAGE FOR YOURSELF			
A	B	C	B x C
Your age as of 1/1/2024	Monthly premium per \$10,000	Amount of Optional Additional Death Benefit units you wish to purchase (in \$10,000 increments, \$10,000 minimum)	Your monthly premium (multiply B x C)
Under 30	\$ 1.00	ex: 1 unit (\$10,000)	\$1.00 x 1 unit = \$1.00 \$
30 – 34	\$ 1.20	ex: 1 unit (\$10,000)	\$1.20 x 1 unit = \$1.20 \$
35 – 39	\$ 1.30	ex: 1 unit (\$10,000)	\$1.30 x 1 unit = \$1.30 \$
40 – 44	\$ 1.60	ex: 1 unit (\$10,000)	\$1.60 x 1 unit = \$1.60 \$
45 – 49	\$ 2.20	ex: 1 unit (\$10,000)	\$2.20 x 1 unit = \$2.20 \$
50 – 54	\$ 3.50	ex: 1 unit (\$10,000)	\$3.50 x 1 unit = \$3.50 \$
55 – 59	\$ 6.10	ex: 1 unit (\$10,000)	\$6.10 x 1 unit = \$6.10 \$
60 – 64	\$ 7.90	ex: 1 unit (\$10,000)	\$7.90 x 1 unit = \$7.90 \$
65 – 69	\$14.90	ex: 1 unit (\$10,000)	\$14.90 x 1 unit = \$14.90 \$
70 – 74	\$24.00	ex: 1 unit (\$10,000)	\$24.00 x 1 unit = \$24.00 \$
75 – 79	\$38.66	ex: 1 unit (\$10,000)	\$38.66 x 1 unit = \$38.66 \$

SPOUSE/DOMESTIC PARTNER COVERAGE (Please select either Option 1 or 2)		
Age of spouse/domestic partner as of 1/1/2024	Option 1 Monthly premium for \$10,000	Option 2 Monthly premium for \$25,000
Under 30	\$ 0.46	\$ 1.15
30 – 34	\$ 0.58	\$ 1.44
35 – 39	\$ 0.80	\$ 2.00
40 – 44	\$ 1.03	\$ 2.58
45 – 49	\$ 1.38	\$ 3.45
50 – 54	\$ 2.18	\$ 5.45
55 – 59	\$ 3.56	\$ 8.90
60 – 64	\$ 6.21	\$15.52
65 – 69	\$11.96	\$29.90
70 – 74	\$22.00	\$55.00
75 – 79	\$40.47	\$101.17

DEPENDENT CHILD(REN) COVERAGE (You must choose the same Option – either 1 or 2 – as selected for Spouse/Partner coverage)		
	Option 1 Monthly premium for \$5,000	Option 2 Monthly premium for \$10,000
Regardless of age(s) or number of child(ren)	\$ 0.52	\$1.03

Premiums are billed monthly, and must be paid within 45 days of the due date, which will appear on the bill. Failure to do so will result in termination of coverage, which cannot be reinstated until the next enrollment period.

How do I apply?

Use the tables provided to help you determine how much optional additional and/or optional dependent you would like and to estimate their costs.

Complete and sign the application form and return via email at info@pbucc.org, fax to **212.729.2701**, or mail to:

Member Services
The Pension Boards – United Church of Christ, Inc.
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 New York, NY 10115-0059