

## **GROUP HEALTH & LIFE INSURANCE TRUST FUND**

P.O. Box 5234 CHRB, Saipan, MP 96950 Phone: (670) 664-1100 / Fax: (670) 664-1115 Website: www.aetna.com



## **MEMORANDUM**

TO : Retirees

Date: 12-29-17 NMIRF 2018-042

FROM

Acting Administrator

SUBJECT :

Group Life Insurance Program - Notice of Premium Change

This is a thirty (30) day notice that the Government Life Insurance Premium coverage will decrease effective February 01, 2018

The premium rates will be \$0.76 per \$1,000.00 and basic life insurance coverage will be 1.8X reduced pension (75% of annual), rounded up to the nearest \$1,000 not to exceed \$90,000 with a minimum benefit of \$5,000. The decrease will be shared evenly (50/50) between retiree and employer.

The decrease in premium will be effective February 15, 2018

Should you have any questions or require additional information, please call Velma Palacios at 664-1122.

Thank you,

LARRISA C. LARSON