

# SUPPLEMENTAL LIFE AND AD&D

## PER 26 PAYS (100% EMPLOYEE PAID)



NOTE: You must purchase Supplemental Employee Life and AD&D Insurance to participate in Supplemental Spouse and/or Child(ren) Life and AD&D plans.

SUPPLEMENTAL LIFE EMPLOYEE & SPOUSE COVERAGE						
EMPLOYEE AGE	BENEFIT AMOUNT					
	\$5,000*	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.18	\$0.37	\$0.74	\$1.48	\$1.85	\$3.69
30-34	\$0.19	\$0.38	\$0.77	\$1.53	\$1.92	\$3.83
35-39	\$0.24	\$0.49	\$0.98	\$1.96	\$2.45	\$4.89
40-44	\$0.35	\$0.70	\$1.39	\$2.79	\$3.48	\$6.97
45-49	\$0.55	\$1.10	\$2.21	\$4.41	\$5.52	\$11.03
50-54	\$0.90	\$1.80	\$3.59	\$7.18	\$8.98	\$17.95
55-59	\$1.37	\$2.74	\$5.48	\$10.97	\$13.71	\$27.42
60-64	\$2.17	\$4.34	\$8.69	\$17.37	\$21.72	\$43.43
65-69	\$3.71	\$7.41	\$14.82	\$29.65	\$37.06	\$74.12
70+	\$6.89	\$13.78	\$27.55	\$55.11	\$68.88	\$137.77

  

SUPPLEMENTAL AD&D EMPLOYEE & SPOUSE COVERAGE						
	BENEFIT AMOUNT					
	\$5,000*	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
All Age Bands	\$0.08	\$0.16	\$0.32	\$0.65	\$0.81	\$1.62

\* Spouse only increment

**Note:** The rates above apply to employee coverage. If an employee enrolls their spouse\*, the rate shown above will apply to the spouse's coverage. Spousal coverage cannot exceed 100% of the employee elected amount. Rates are based on the age of the employee (for employee coverage) and the age of the spouse (for spouse coverage) when coverage is elected. Rates may change with future June 1st anniversary's when the age of the employee and/or spouse moves to the next age band according to the table above.

The table above highlights the cost of potential coverage. More information can be found in the benefit summary.



# SUPPLEMENTAL LIFE AND AD&D

## PER 26 PAYS (100% EMPLOYEE PAID)



NOTE: Employee must purchase life and AD&D insurance to enroll dependent child(ren). Once policy covers all of your dependent child(ren) till their 26th birthday.

SUPPLEMENTAL LIFE DEPENDENT CHILD COVERAGE	
BENEFIT AMOUNT	PER-PAY PREMIUM
\$1,000*	\$0.18
\$2,000	\$0.35
\$4,000	\$0.71
\$6,000	\$1.06
\$8,000	\$1.41
\$10,000	\$1.77

SUPPLEMENTAL AD&D DEPENDENT CHILD COVERAGE	
BENEFIT AMOUNT	PER-PAY PREMIUM
\$1,000*	\$0.03
\$2,000	\$0.07
\$4,000	\$0.13
\$6,000	\$0.20
\$8,000	\$0.27
\$10,000	\$0.33

\* Maximum benefit for dependent child(ren) under 6 months only

The table above highlights the cost of potential coverage. More information can be found in the benefit summary.

