

Voluntary Term Life including matching AD&D Coverage

Monthly Payroll Deduction Illustration

EMPLOYEE ONLY OPTIONS (both based on Employee Age as of 01/01)													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.40	\$1.70	\$2.70	\$3.80	\$6.20	\$8.20	\$11.40	\$28.00	\$28.00
\$20,000	\$2.00	\$2.00	\$2.00	\$2.00	\$2.80	\$3.40	\$5.40	\$7.60	\$12.40	\$16.40	\$22.80	\$56.00	\$56.00
\$30,000	\$3.00	\$3.00	\$3.00	\$3.00	\$4.20	\$5.10	\$8.10	\$11.40	\$18.60	\$24.60	\$34.20	\$84.00	\$84.00
\$40,000	\$4.00	\$4.00	\$4.00	\$4.00	\$5.60	\$6.80	\$10.80	\$15.20	\$24.80	\$32.80	\$45.60	\$112.00	\$112.00
\$50,000	\$5.00	\$5.00	\$5.00	\$5.00	\$7.00	\$8.50	\$13.50	\$19.00	\$31.00	\$41.00	\$57.00	\$140.00	\$140.00
\$60,000	\$6.00	\$6.00	\$6.00	\$6.00	\$8.40	\$10.20	\$16.20	\$22.80	\$37.20	\$49.20	\$68.40	\$168.00	\$168.00
\$70,000	\$7.00	\$7.00	\$7.00	\$7.00	\$9.80	\$11.90	\$18.90	\$26.60	\$43.40	\$57.40	\$79.80	\$196.00	\$196.00
\$80,000	\$8.00	\$8.00	\$8.00	\$8.00	\$11.20	\$13.60	\$21.60	\$30.40	\$49.60	\$65.60	\$91.20	\$224.00	\$224.00
\$90,000	\$9.00	\$9.00	\$9.00	\$9.00	\$12.60	\$15.30	\$24.30	\$34.20	\$55.80	\$73.80	\$102.60	\$252.00	\$252.00
\$100,000	\$10.00	\$10.00	\$10.00	\$10.00	\$14.00	\$17.00	\$27.00	\$38.00	\$62.00	\$82.00	\$114.00	\$280.00	\$280.00

The amounts below require Statement of Insurability form

DEPENDE	DENT OPTIONS			
Benefits for:	Option 1:			
Spouse Amount	\$20,000			
Child(ren) 6 months to age 19, or 25 if full-time student	\$10,000			
Child(ren) live birth to 6 months	\$1,000			
Payroll Deduction Amount	\$5.00			