SUPPLEMENTAL GROUP LIFE AND AD&D PREMIUM RATE GRID

pearborn 🚖 National®

EMPLOYEE & SPOUSE

\$10,000

\$1.00

DILLEY ISD

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

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	Suppleme				
	Monthly ra	tes per \$1,000			
Supplemental Life/AD&D Insurance	Age	Rates			
Employee Benefit: \$10,000 - \$500,000 in \$10,000 increments, not to exceed 5 times	Under 25	\$0.080			
annual salary.	25-29	\$0.090			
Spouse Benefit: \$5,000 - \$250,000 in \$5,000 increments, but not to exceed	30-34	\$0.110			
50% of the employee benefit.	35-39	\$0.130			
Note: Spouse may not have coverage unless the employee has coverage.	40-44	\$0.180			
	45-49	\$0.280			
Child Coverage	50-54	\$0.440			
Live birth to age 2 \$10,000	55-59	\$0.700			
	60-64	\$0.870			
	65-69	\$1.490			
Employee: Life and AD&D benefits reduce by 50% of the original amount at age 70.	70-74	\$1.490			
All benefits terminate at retirement.	75+	\$1.490			
Spouse: Life and AD&D benefits terminate when the employee attains age 70.					
	Dependent	Dependent Life (Children)			
	Monthly Pre	Monthly Premium per Family			

Supplemental Life/AD&D Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE Benefit	ATTAINED AGE											
Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	\$14.90	\$14.90
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	\$29.80	\$29.80
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	\$44.70	\$44.70
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	\$59.60	\$59.60
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	\$74.50	\$74.50
\$60,000	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40	\$89.40	\$89.40
\$70,000	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30	\$104.30	\$104.30
\$80,000	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20	\$119.20	\$119.20
\$90,000	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10	\$134.10	\$134.10
\$100,000	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	\$149.00	\$149.00
\$110,000	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90	\$163.90	\$163.90
\$120,000	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80	\$178.80	\$178.80
\$130,000	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70	\$193.70	\$193.70
\$140,000	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60	\$208.60	\$208.60
\$150,000	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	\$223.50	\$223.50

SPOUSE - Employee attained age

\$5,000	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

Slife/blend-w/add/12

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