#### SUPPLEMENTAL GROUP LIFE PREMIUM RATE GRID

# pearborn 🚖 National®

SPOUSE Supplemental Life

# SAN ANGELO ISD / TEEBC TRUST F021842

## **Eligibility**

\$30,000

\$40,000

\$50,000

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.

### Supplemental Life Insurance

Supplemental Life Insurance									Monthly rates per \$1,000				
Employee Benefit:		\$10,000 - \$500,0	000 in \$10	,000 increr	nents.					<u>A</u>	lge	<b>Rates</b>	
										Unc	der 25	\$0.068	
Spouse Benefit:		\$10,000 - \$50,00	00 in \$10,0	00 increm	ents, but r	not to exc	eed			25	5-29	\$0.068	
		50% of the emp	loyee ben	efit.						30	0-34	\$0.068	
Note: Spouse may not have coverage unless the employee has coverage.									35	5-39	\$0.094		
										40	)-44	\$0.162	
Child Coverage									45	5-49	\$0.281		
Live birth to Age 26: \$2,000 increments to a maximum of \$10,000.								50	)-54	\$0.459			
										55	5-59	\$0.723	
										60	0-64	\$1.122	
Employee:	Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then reduces								6	65+	\$1.649		
	by 55% at	age 70, by 70% a	at age 75,	by 80% at a	age 80. Ber	nefits term	inate at re	tirement.					
Spouse:	All benefit	s terminate at Err	nployee's te	ermination of	or retiremer	nt.							
										Dependent Life (Children)			
Guarantee Issue:								Monthly Premium per Family					
Employee: Lesser of \$250,000 or 3 X Base Annual Earnings									\$2,000	\$0.18			
Spouse: \$50,000											\$4,000	\$0.36	
											\$6,000	\$0.54	
Supplemental Life Insurance											\$8,000	\$0.72	
Monthly Premium Cost (Based on 12 payroll deductions per year)											\$10,000	\$0.90	
SPOUSE (Er	nployee at	tained Age)											
Benefit													
Amount		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	r	
\$10,000		\$0.68	\$0.68	\$0.68	\$0.94	\$1.62	\$2.81	\$4.59	\$7.23	\$11.22	\$16.49		
\$20,000		\$1.36	\$1.36	\$1.36	\$1.88	\$3.24	\$5.62	\$9.18	\$14.46	\$22.44	\$32.98		

\$4.86

\$6.48

\$8.10

\$8.43

\$11.24

\$14.05

\$13.77

\$18.36

\$22.95

\$21.69

\$28.92

\$36.15

\$33.66

\$44.88

\$56.10

\$49.47

\$65.96

\$82.45

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage

\$2.04

\$2.72

\$3.40

\$2.04

\$2.72

\$3.40

features and limitations. For internal use only: Policy number FDL1-504-707

\$2.04

\$2.72

\$3.40

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\$2.82

\$3.76

\$4.70