

Employee Rates

<u>Employee Age</u>	<u>Rate (Per \$1000 of Total Coverage)</u>
<29	\$0.06
30-34	\$0.07
35-39	\$0.08
40-44	\$0.15
45-49	\$0.25
50-54	\$0.40
55-59	\$0.63
60-64	\$0.96
65-69	\$1.49
70-74	\$2.33
75-79	\$3.68
80+	\$8.52

To calculate your premium:

$$\underline{\hspace{2cm}} \div \$1,000 = \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount Elected (from chart) Your monthly cost

Write this amount on the Life Requested Amount line on your Enrollment and Change Form	Add this amount to the coverage provided by your <i>employer</i> . Write the total amount on the Life Requested Amount line on your Enrollment and Change Form.
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Spouse Rates

<u>Employee Age</u>	<u>Rate (Per \$1000 of Total Coverage)</u>
<29	\$0.06
30-34	\$0.07
35-39	\$0.08
40-44	\$0.15
45-49	\$0.25
50-54	\$0.40
55-59	\$0.63
60-64	\$0.96
65-69	\$1.49
70-74	\$2.33
75-79	\$3.68
80+	\$8.52

To calculate the premium for your spouse:

$$\underline{\hspace{2cm}} \div \$1,000 = \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount Elected (from chart) Your monthly cost

Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form