

Supplemental Life Coverage

\$15,000 Coverage Rates Weekly Rate Shown

ATTAINED AGE BAND	EMPLOYEE	SPOUSE
00 - 24	\$.31	\$.31
25 - 29	\$.31	\$.31
30 - 34	\$.31	\$.31
35 - 39	\$.42	\$.42
40 - 44	\$.55	\$.55
45 - 49	\$1.11	\$1.11
50 - 54	\$1.18	\$1.18
55 - 59	\$1.84	\$1.84
60 - 64	\$2.52	\$2.52
65 - 69	\$4.12	\$4.12
70 - 74	\$7.96	\$7.96
75 - 79	\$15.23	\$15.23
80 - 84	\$28.25	\$28.25
85 - 89	\$28.35	\$28.35
90+	\$42.33	\$42.33

Note: a minimum of 5 employees must enroll

SUPPLEMENTAL DEPENDENT LIFE

Child Life \$10,000 **\$.46**

Child age limit: to 26



See Benefit Summary for full explanation of benefits/fees