

Group Life, AD&D and Dependent Life

Choose from two different plan designs:

- A. **Flat Amount Plan** – All employees receive one of the following flat amounts of Life and AD&D:
- \$10,000 \$15,000 \$25,000
 \$50,000 \$75,000 \$100,000
- B. **Class Plan** – All employees must be placed in a clearly defined class according to job title. The life amount for the highest class cannot exceed \$100,000 and cannot be more than two and a half times the life amount for the next lower class. Amounts must be in increments of \$10,000 only.

Group Term Life and AD&D Monthly Premium

Age at Last Birthday	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
Under age 30	1.70	2.55	4.25	8.50	12.75	17.00
30-34	1.90	2.85	4.75	9.50	14.25	19.00
35-39	2.70	4.05	6.75	13.50	20.25	27.00
40-44	3.70	5.55	9.25	18.50	27.75	37.00
45-49	6.50	9.75	16.25	32.50	48.75	65.00
50-54	9.90	14.85	24.75	49.50	74.25	99.00
55-59	16.70	25.05	41.75	83.50	125.25	167.00
60-64	22.60	33.90	56.50	113.00	169.50	226.00
65-69*	23.85	35.80	59.65	119.25	178.90	238.50

Benefits Terminate at Age 70

- Dependent Life** – \$10,000 on spouse, \$5,000 on children, \$200 on children 14 days-6 months.
 Cost – \$10 per month per family.

* Life Benefit reduced at age 65 to 65% of original amount. Premium shown is for the reduced benefit amount.

Short Term Disability

Percent of Earnings Plan

All employees receive an amount of STD benefit equal to 60% of their weekly earnings rounded to the next \$1, to a maximum not to exceed \$750 weekly benefit. Refer to sample premium calculation example below:

Short Term Disability Monthly Rate Table

Age	<input type="checkbox"/> 13-Week Benefit (Cost per \$10 of Benefit)		<input type="checkbox"/> 26-Week Benefit (Cost per \$10 of Benefit)	
	Male	Female	Male	Female
Under age 30	0.35	0.69	0.41	0.82
30-34	0.37	0.70	0.42	0.84
35-39	0.43	0.80	0.52	0.99
40-44	0.48	0.90	0.61	1.08
45-49	0.55	0.92	0.68	1.13
50-54	0.67	0.99	0.84	1.22
55-59	0.85	1.06	1.08	1.32
60-64	1.08	1.20	1.36	1.45
65 & Older	1.43	1.58	1.82	1.92

Example: 3 Person Employer Group Chooses 13-Week Benefit

Employee	Sex	Age	Weekly Earnings	Weekly STD Benefit
#1	F	25	\$400	X 60% = \$240
#2	M	34	\$500	X 60% = \$300
#3	M	48	\$650	X 60% = \$390

Monthly Cost				
	Weekly STD Benefit	÷	Rate From Table	Monthly STD Premium
#1	\$240	÷	10 = 24	X .69 = \$16.56
#2	\$300	÷	10 = 30	X .37 = \$11.10
#3	\$390	÷	10 = 39	X .55 = \$21.45
Total Monthly Premium				\$49.11

Billing Fee: A monthly billing fee of \$10 will be included for the employer group.