Supplemental Life Insurance

What is Supplemental Life Insurance?

Supplemental Life is an affordable group term life insurance product that allows you to easily protect you and your family. You choose how much life coverage you need. Payments for the amounts you elect are made through easy payroll deductions.

The Schedule of Benefits:

Employee

Choice of $25,000 to a maximum of $250,000 in $25,000 increments

Spouse

Choice of $5,000 up to 50% of the employee's coverage not to exceed $25,000. **The employee must be covered by supplemental life to purchase this benefit for the spouse.**

Child(ren)

$1,000 Birth to 6 months

$10,000 6 months to age 19 (25 if full time student)

The employee must be covered by supplemental Life to purchase this benefit for the children.

Accelerated Death Benefit

If you become terminally ill prior to age 64, you may elect to receive 50% of your life benefit under the contract subject to applied maximum and contract specifications. Your life insurance will then be reduced by the amount of the benefit paid.

Reductions

Employee: 50% at age 70.

Spouse: 35% at age 65, terminates the earlier of age 70 or when employee ceases to be eligible

Child(ren): Terminates at earlier of age 19 (25 if full time student) or when employee coverage terminates.

Guarantee Issue

Employee: $250,000

Spouse: $25,000

Child(ren) All guarantee issue

Guarantee Issue for employees and spouses ages 60-69 is limited to 50% of the above stated guarantee issue limits. No guarantee issue for employees or spouses at or over the age of 70.

Evidence of Insurability Requirements

For any amount over the guarantee issue amount-you must complete a short form Evidence of Insurability.

To determine how much the Supplemental life will cost, please refer to the cost sheet on the next page.

SUPPLEMENTAL LIFE ENROLLMENT FORM

---'New Hire _____Open Enrollment

Employee Coverage Yes__ No

Employee Name_____ __

Birthdate_____Sex __ M __ F

Social Security_____ __

Insurance amount requested_____ __

Spouse Coverage Yes_ No_

Spouse Name_____Sex_M_F

Social Security No_____DOB___ _

Amount Requested_____ __

(If no coverage is currently in force, please enter zero)

Childfren) Coverage

$1,000 Yes_ No_ **Birth to 6 months**

The cost is $0.172 for $1,000 of coverage

$10,000 Yes_ No_ **6 months to age 19 (25 if full time student)**

The cost is $1.72 for $10,000 of coverage.

Any person who, knowingly and with intent to defraud or deceive any insurance company, submits an insurance application containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law. I also understand that evidence of insurability is required to become insured for an amount greater than the Guarantee Issue or if application is made more than 90 days after first becoming eligible.

I authorize a deduction from my earnings for premium contributions.

Signature of employee_____Dated_____ __

Premium Schedules Effective January 1, 2024

Employee and Spouse Bi-Weekly Rates (26 pay periods)

Age	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000
<=24	$0.77	$1.55	$2.32	$3.09	$3.87	$4.64	$5.41	$6.18	$7.73
25-29	$0.77	$1.55	$2.32	$3.09	$3.87	$4.64	$5.41	$6.18	$7.73
30-34	$1.22	$2.45	$3.67	$4.89	$6.12	$7.34	$8.56	$9.78	$12.23
35-39	$1.38	$2.77	$4.15	$5.54	$6.92	$8.31	$9.69	$11.08	$13.85
40-44	$1.52	$3.05	$4.57	$6.09	$7.62	$9.14	$10.66	$12.18	$15.23
45-49	$2.75	$5.49	$8.24	$10.98	$13.73	$16.48	$19.22	$21.97	$27.46
50-54	$4.27	$8.54	$12.81	$17.08	$21.35	$25.62	$29.88	$34.15	$42.69
55-59	$7.63	$15.25	$22.88	$30.51	$38.13	$45.76	$53.39	$61.02	$76.27
60-64	$11.76	$23.52	$35.27	$47.03	$58.79	$70.55	$82.30	$94.06	$117.58
65-69	$16.93	$33.85	$50.78	$67.71	$84.63	$101.56	$118.49	$135.42	$169.27
70-74	$20.15	$40.29	$60.44	$80.58	$100.73	$120.88	$141.02	$161.17	$201.46
75& over	$23.95	$47.91	$71.86	$95.82	$119.77	$143.72	$167.68	$191.63	$239.54

Employee and Spouse Monthly Rates

Age	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000	$250,000
<=24	$1.68	$3.35	$4.35	$5.80	$7.25	$8.70	$10.15	$11.60	$14.50
25-29	$1.68	$3.35	$5.03	$6.70	$8.38	$10.05	$11.73	$13.40	$16.75
30-34	$2.65	$5.30	$7.95	$10.60	$13.25	$15.90	$18.55	$21.20	$26.50
35-39	$3.00	$6.00	$9.00	$12.00	$15.00	$18.00	$21.00	$24.00	$30.00
40-44	$3.30	$6.60	$9.90	$13.20	$16.50	$19.80	$23.10	$26.40	$33.00
45-49	$5.95	$11.90	$17.85	$23.80	$29.75	$35.70	$41.65	$47.60	$59.50
50-54	$9.25	$18.50	$27.75	$37.00	$46.25	$55.50	$64.75	$74.00	$92.50
55-59	$16.52	$33.05	$49.58	$66.10	$82.63	$99.15	$115.68	$132.20	$165.25
60-64	$25.47	$50.95	$76.43	$101.90	$127.38	$152.85	$178.33	$203.80	$254.75
65-69	$36.67	$73.35	$110.03	$146.70	$183.38	$220.05	$256.73	$293.40	$366.75
70-74	$43.65	$87.30	$130.95	$174.60	$218.25	$261.90	$305.55	$349.20	$436.50
75& over	$51.90	$103.80	$155.70	$207.60	$259.50	$311.40	$363.30	$415.20	$519.00

Rev. Nov 2023