



Washoe County School District Supplemental Life Insurance Enrollment Form 2027 Premium Rates

Premium rates are based on the insured's age and coverage amount selected. The same premium rates apply to employee and spouse coverage. Please indicate your selected coverage amount and corresponding cost in the enrollment form below.

12 pay premium amounts

Supplemental Life Insurance — Monthly Rates										
<i>Premium = Rate per \$1,000 × Coverage Amount ÷ 1,000</i>										
Age	Rate per \$1,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000
<24	0.058	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$14.50
25-29	0.058	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$14.50
30-34	0.092	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$23.00
35-39	0.104	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60	\$18.20	\$20.80	\$26.00
40-44	0.115	\$2.88	\$5.75	\$8.63	\$11.50	\$14.38	\$17.25	\$20.13	\$23.00	\$28.75
45-49	0.207	\$5.18	\$10.35	\$15.53	\$20.70	\$25.88	\$31.05	\$36.23	\$41.40	\$51.75
50-54	0.322	\$8.05	\$16.10	\$24.15	\$32.20	\$40.25	\$48.30	\$56.35	\$64.40	\$80.50
55-59	0.575	\$14.38	\$28.75	\$43.13	\$57.50	\$71.88	\$86.25	\$100.63	\$115.00	\$143.75
60-64	0.886	\$22.15	\$44.30	\$66.45	\$88.60	\$110.75	\$132.90	\$155.05	\$177.20	\$221.50
65-69	1.277	\$31.93	\$63.85	\$95.78	\$127.70	\$159.63	\$191.55	\$223.48	\$255.40	\$319.25
70-74	1.518	\$37.95	\$75.90	\$113.85	\$151.80	\$189.75	\$227.70	\$265.65	\$303.60	\$379.50
75+	1.806	\$45.15	\$90.30	\$135.45	\$180.60	\$225.75	\$270.90	\$316.05	\$361.20	\$451.50

18 pay premium amounts

Supplemental Life Insurance — 18-Pay Rates										
<i>18-pay deduction = Monthly premium × 12 ÷ 18</i>										
Age	Rate per \$1,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000
<24	0.058	\$0.97	\$1.93	\$2.90	\$3.87	\$4.83	\$5.80	\$6.77	\$7.73	\$9.67
25-29	0.058	\$0.97	\$1.93	\$2.90	\$3.87	\$4.83	\$5.80	\$6.77	\$7.73	\$9.67
30-34	0.092	\$1.53	\$3.07	\$4.60	\$6.13	\$7.67	\$9.20	\$10.73	\$12.27	\$15.33
35-39	0.104	\$1.73	\$3.47	\$5.20	\$6.93	\$8.67	\$10.40	\$12.13	\$13.87	\$17.33
40-44	0.115	\$1.92	\$3.83	\$5.75	\$7.67	\$9.59	\$11.50	\$13.42	\$15.33	\$19.17
45-49	0.207	\$3.45	\$6.90	\$10.35	\$13.80	\$17.25	\$20.70	\$24.15	\$27.60	\$34.50
50-54	0.322	\$5.37	\$10.73	\$16.10	\$21.47	\$26.83	\$32.20	\$37.57	\$42.93	\$53.67
55-59	0.575	\$9.59	\$19.17	\$28.75	\$38.33	\$47.92	\$57.50	\$67.09	\$76.67	\$95.83
60-64	0.886	\$14.77	\$29.53	\$44.30	\$59.07	\$73.83	\$88.60	\$103.37	\$118.13	\$147.67
65-69	1.277	\$21.29	\$42.57	\$63.85	\$85.13	\$106.42	\$127.70	\$148.99	\$170.27	\$212.83
70-74	1.518	\$25.30	\$50.60	\$75.90	\$101.20	\$126.50	\$151.80	\$177.10	\$202.40	\$253.00
75+	1.806	\$30.10	\$60.20	\$90.30	\$120.40	\$150.50	\$180.60	\$210.70	\$240.80	\$301.00

26 pay premium amounts

Supplemental Life Insurance — Biweekly Rates (26 Pays)										
<i>Biweekly deduction = Monthly premium × 12 ÷ 26</i>										
Age	Rate per \$1,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000
<24	0.058	\$0.67	\$1.34	\$2.01	\$2.68	\$3.35	\$4.02	\$4.68	\$5.35	\$6.69
25-29	0.058	\$0.67	\$1.34	\$2.01	\$2.68	\$3.35	\$4.02	\$4.68	\$5.35	\$6.69
30-34	0.092	\$1.06	\$2.12	\$3.18	\$4.25	\$5.31	\$6.37	\$7.43	\$8.49	\$10.62
35-39	0.104	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$12.00
40-44	0.115	\$1.33	\$2.65	\$3.98	\$5.31	\$6.64	\$7.96	\$9.29	\$10.62	\$13.27
45-49	0.207	\$2.39	\$4.78	\$7.17	\$9.55	\$11.94	\$14.33	\$16.72	\$19.11	\$23.88
50-54	0.322	\$3.72	\$7.43	\$11.15	\$14.86	\$18.58	\$22.29	\$26.01	\$29.72	\$37.15
55-59	0.575	\$6.64	\$13.27	\$19.91	\$26.54	\$33.18	\$39.81	\$46.44	\$53.08	\$66.35
60-64	0.886	\$10.22	\$20.45	\$30.67	\$40.89	\$51.12	\$61.34	\$71.56	\$81.78	\$102.23
65-69	1.277	\$14.74	\$29.47	\$44.21	\$58.94	\$73.68	\$88.41	\$103.14	\$117.88	\$147.35
70-74	1.518	\$17.52	\$35.03	\$52.55	\$70.06	\$87.58	\$105.09	\$122.61	\$140.12	\$175.15
75+	1.806	\$20.84	\$41.68	\$62.52	\$83.35	\$104.19	\$125.03	\$145.87	\$166.71	\$208.38



Washoe County School District Supplemental Life Insurance Enrollment Form 2027 Premiums Rates

Child/Children premium amounts

Child Supplemental Life Insurance is available for children from birth through age 25. Coverage is available in either \$5,000 or \$10,000. One premium covers all eligible children enrolled, regardless of the number of children covered.

Coverage Option	Rate per \$1,000	Monthly	Biweekly - 26 Pay	18 Pay
\$5,000	0.058	\$0.29	\$0.13	\$0.19
\$10,000	0.058	\$0.58	\$0.27	\$0.39

Spouse Supplemental Life Insurance Rate Sheet

$$\text{Premium} = \text{Rate per } \$1,000 \times \text{Coverage Amount} \div 1,000$$

Spouse Supplemental Life Insurance is available in \$5,000 increments from \$5,000 through \$25,000. Premiums are based on the spouse's age and the applicable rate per \$1,000 of coverage.

12 Pay premium amounts

Monthly Rates						
Age	Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
<24	0.058	\$0.29	\$0.58	\$0.87	\$1.16	\$1.45
25-29	0.058	\$0.29	\$0.58	\$0.87	\$1.16	\$1.45
30-34	0.092	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30
35-39	0.104	\$0.52	\$1.04	\$1.56	\$2.08	\$2.60
40-44	0.115	\$0.58	\$1.15	\$1.73	\$2.30	\$2.88
45-49	0.207	\$1.04	\$2.07	\$3.11	\$4.14	\$5.18
50-54	0.322	\$1.61	\$3.22	\$4.83	\$6.44	\$8.05
55-59	0.575	\$2.88	\$5.75	\$8.63	\$11.50	\$14.38
60-64	0.886	\$4.43	\$8.86	\$13.29	\$17.72	\$22.15
65-69	1.277	\$6.39	\$12.77	\$19.16	\$25.54	\$31.93
70-74	1.518	\$7.59	\$15.18	\$22.77	\$30.36	\$37.95
75+	1.806	\$9.03	\$18.06	\$27.09	\$36.12	\$45.15

18 Pay premium amounts

18-Pay Rates						
Age	Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
<24	0.058	\$0.19	\$0.39	\$0.58	\$0.77	\$0.97
25-29	0.058	\$0.19	\$0.39	\$0.58	\$0.77	\$0.97
30-34	0.092	\$0.31	\$0.61	\$0.92	\$1.23	\$1.53
35-39	0.104	\$0.35	\$0.69	\$1.04	\$1.39	\$1.73
40-44	0.115	\$0.39	\$0.77	\$1.15	\$1.53	\$1.92
45-49	0.207	\$0.69	\$1.38	\$2.07	\$2.76	\$3.45
50-54	0.322	\$1.07	\$2.15	\$3.22	\$4.29	\$5.37
55-59	0.575	\$1.92	\$3.83	\$5.75	\$7.67	\$9.59
60-64	0.886	\$2.95	\$5.91	\$8.86	\$11.81	\$14.77
65-69	1.277	\$4.26	\$8.51	\$12.77	\$17.03	\$21.29
70-74	1.518	\$5.06	\$10.12	\$15.18	\$20.24	\$25.30
75+	1.806	\$6.02	\$12.04	\$18.06	\$24.08	\$30.10

26 Pay premium amounts

Biweekly Rates - 26 Pay						
Age	Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
<24	0.058	\$0.13	\$0.27	\$0.40	\$0.54	\$0.67
25-29	0.058	\$0.13	\$0.27	\$0.40	\$0.54	\$0.67
30-34	0.092	\$0.21	\$0.42	\$0.64	\$0.85	\$1.06
35-39	0.104	\$0.24	\$0.48	\$0.72	\$0.96	\$1.20
40-44	0.115	\$0.27	\$0.53	\$0.80	\$1.06	\$1.33
45-49	0.207	\$0.48	\$0.96	\$1.44	\$1.91	\$2.39
50-54	0.322	\$0.74	\$1.49	\$2.23	\$2.97	\$3.72
55-59	0.575	\$1.33	\$2.65	\$3.98	\$5.31	\$6.64
60-64	0.886	\$2.04	\$4.09	\$6.13	\$8.18	\$10.22
65-69	1.277	\$2.95	\$5.89	\$8.84	\$11.79	\$14.74
70-74	1.518	\$3.50	\$7.01	\$10.51	\$14.01	\$17.52
75+	1.806	\$4.17	\$8.34	\$12.50	\$16.67	\$20.84



**Washoe County School District
Supplemental Life Insurance Enrollment Form**

Employee Supplemental Life Insurance

Employee Name	Social Security #	Date of Birth	Insurance Amount	Cost
			Select Amount	

Spouse Supplemental Life Insurance

*Please note: Employees must enroll in Supplemental Life Insurance coverage for themselves before they can enroll a spouse in coverage.

Spouse Name	Social Security#	Date of Birth	Insurance Amount	Cost
			Select Amount	

Child Supplemental Life Insurance

*Please note: Employees must enroll in Supplemental Life Insurance coverage for themselves before they can enroll a child/children in coverage.

Child Name	Social Security#	Date of Birth	Select Amount	Cost

Spousal coverage can be selected in \$5,000 increments up \$25,000. A Spouse's coverage amount cannot exceed 100% of the member's supplemental life coverage.

Child or Children coverage can be elected in either \$5,000 or \$10,000 through age 25. The child's coverage amount cannot exceed 100% of the member's supplemental life coverage.

Accelerated Death Benefit: If you become terminally ill you may elect to receive 80% of your life benefit under the contract subject to applied maximum and contract specifications. You must have at least \$10,000 supplemental coverage to qualify for this benefit.

Reductions- Employee: 70-74 reduction of 35%. 75 and over reduces to 50%. Spouse 70-74 reduction of 35%. 75 and over reduces to 50%.

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application containing false, incomplete or misleading information may be subject to civil or criminal penalties, depending on applicable state law.

I understand that if I apply for coverage more than 31 days after my date of hire, I must provide Evidence Of Insurability (EOI) and coverage approval is subject to the insurer's underwriting requirements.

I authorize the deduction of any required premium contributions from my earnings.

Employee Signature

Date