

Semi Monthly Rates for Supplemental Life & Dependent Life:

The multipliers used to calculate your Supplemental and Expanded Dependent Life Premiums are provided below.

Supplemental Life Insurance	
Age Band	Multiplier (per 1,000 of coverage)
<25	0.0110
25-29	0.0100
30-34	0.0120
35-39	0.0190
40-44	0.0305
45-49	0.0500
50-54	0.1115
55-59	0.1835
60-64	0.2790
65-69	0.4010
70-74	0.7320
75+	1.0300

Expanded Life Insurance (spouse and family)	
Age Band	Multiplier (per 1,000 of coverage)
<30	0.0170
30-34	0.0170
35-39	0.0200
40-44	0.0295
45-49	0.0475
50-54	0.0775
55-59	0.1360
60-64	0.2230
65-69	0.3250
70-74	0.4705
75+	0.8295

SUPPLEMENTAL & EXPANDED LIFE PREMIUM CALCULATION	
Directions	Example:
	50 year old employee making \$40,500 who wants 3 times his salary in supplemental life and adult expanded life insurance.
1. Take your annual salary and round up to the nearest thousand	1. Round up to \$41,000
2. Multiply by the level of coverage you want (i.e. 2x your salary, 3x your salary. etc.)	2. \$41,000 x 3 = \$123,000
3. Divide the coverage amount result by 1000	3. \$123,000/1,000 = 123
4. Multiply by your age multiplier above	4. 123 x 0.1115 = \$13.72
5. This is your semi-monthly sup life premium	5. Semi-monthly sup life premium = \$13.72
6. Divide sup life coverage amount by 2	6. 123,000/2 = \$61,500
7. Divide the coverage amount result by 1000.	7. \$61,500/1000 = 61.5
8. Multiply by Employee age multiplier above	8. 61.5 x .0775 = \$4.77
9. This is your semi-monthly dep life premium	9. Semi-monthly dep life premium = \$4.77

Basic dependent life insurance covers your legal spouse or domestic partner and eligible children for \$5,000 each with a semi-monthly premium rate of \$1.23 for spouse plus an additional \$.09 or children. Expanded child coverage is \$10,000 of coverage per child and the premium is \$.19 per pay period.

ADEA Reduction in Coverage Due to Age

In addition, Supplemental and Dependent Life Insurance coverage amounts for employees (and, if covered, spouses) age 65 and older will be reduced utilizing the following Age Discrimination in Employment Act (ADEA) approved reduction scheduled.

This reduction will be effective at the beginning of the plan year once you attain the age indicated below. **The age reduction will apply to the current coverage in force (which will include any imposed prior reductions).**

			EXAMPLE	
Your Age	Your % Reduction	Your Spouse/DP % Reduction	AGE	Coverage
			60	\$500,000
65	35%	35%	65	\$325,000
70	35%	35%	70	\$212,000
75	35%	35%	75	\$138,000
80	25%	25%	80	\$104,000
85	25%	25%	85	\$ 78,000
90	25%	25%	90	\$ 59,000
95	25%	25%	95	\$ 45,000