

Supplemental Life Monthly Premiums

Employee	Monthly Premium Employee			Monthly Premium Spouse		Children
	Age*	\$20,000	\$10,000	\$5,000	\$10,000	
27 or less	\$.80	\$.40	\$.20	\$.40	\$.20	
28-30	.88	.44	.22	.44	.22	
31-33	1.12	.56	.28	.56	.28	
34-36	1.32	.66	.33	.66	.33	
37-39	1.60	.80	.40	.80	.40	
40-42	2.40	1.20	.60	1.20	.60	
43-45	3.80	1.90	.95	1.90	.95	\$2,500 Coverage: \$0.30/month
46-48	4.60	2.30	1.15	2.30	1.15	
49-51	6.40	3.20	1.60	3.20	1.60	\$5,000 Coverage: \$0.60/month
52-54	8.20	4.10	2.05	4.10	2.05	
55-57	11.40	5.70	2.85	5.70	2.85	
58-60	14.20	7.10	3.55	6.90	3.45	\$7,500 Coverage: \$0.90/month
61-63	19.60	9.80	4.90	8.60	4.30	
64-66	28.20	14.10	7.05	12.00	6.00	\$10,000 Coverage: \$1.20/month
67-69	39.40	19.70	9.85	16.70	8.35	
70-72	60.80	30.40	15.20	25.90	12.95	
73-75	87.00	43.50	21.75	37.00	18.50	
76-78	117.40	58.70	29.35	52.90	26.45	
<p>*Premiums for initial enrollment for January, February, March and April based on the previous calendar year age; coverage for May-December based on attained age in the current year.</p>						