Voluntary Term Life Insurance

FOR EMPLOYEES OF IMPERIAL COUNTY SCHOOLS VOLUNTARY EMPLOYEE BENEFITS ASSOCIATION

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES					
Eligibility Requirement	You must be actively working a minimum of 4 hours per week to be				
	eligible for coverage.				
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.				
Premium Payment	The premiums for this insurance are paid in full by you.				
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Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30 - 34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35 - 39	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
40 - 44	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
45 - 49	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
50 - 54	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$30.60	\$34.00
55 - 59	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00
60 - 64	\$6.50	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00	\$45.50	\$52.00	\$58.50	\$65.00
65 - 69	\$11.50	\$23.00	\$34.50	\$46.00	\$57.50	\$69.00	\$80.50	\$92.00	\$103.50	\$115.00
70 - 74	\$20.40	\$40.80	\$61.20	\$81.60	\$102.00	\$122.40	\$142.80	\$163.20	\$183.60	\$204.00
75+	\$35.60	\$71.20	\$106.80	\$142.40	\$178.00	\$213.60	\$249.20	\$284.80	\$320.40	\$356.00

Follow the method described above to select a benefit amount and calculate premiums for optional depenchild(ren) coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left cold Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column intersect. Your spouse's benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidel minimums and maximums, if needed.

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SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)