

Premiums for Voluntary Term Life and matching ADD Coverage

Employee Coverage

Use age as of : 01/01/2016

Premiums will be deducted **TWICE A MONTH** for employees

	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$10,000	\$0.38	\$0.38	\$0.48	\$0.68	\$0.98	\$1.63	\$2.63	\$3.48	\$5.23	\$12.08
\$20,000	\$0.75	\$0.75	\$0.95	\$1.35	\$1.95	\$3.25	\$5.25	\$6.95	\$10.45	\$24.15
\$30,000	\$1.13	\$1.13	\$1.43	\$2.03	\$2.93	\$4.88	\$7.88	\$10.43	\$15.68	\$36.23
\$40,000	\$1.50	\$1.50	\$1.90	\$2.70	\$3.90	\$6.50	\$10.50	\$13.90	\$20.90	\$48.30
\$50,000	\$1.88	\$1.88	\$2.38	\$3.38	\$4.88	\$8.13	\$13.13	\$17.38	\$26.13	\$60.38
\$60,000	\$2.25	\$2.25	\$2.85	\$4.05	\$5.85	\$9.75	\$15.75	\$20.85	\$31.35	\$72.45
\$70,000	\$2.63	\$2.63	\$3.33	\$4.73	\$6.83	\$11.38	\$18.38	\$24.33	\$36.58	\$84.53
\$80,000	\$3.00	\$3.00	\$3.80	\$5.40	\$7.80	\$13.00	\$21.00	\$27.80	\$41.80	\$96.60
\$90,000	\$3.38	\$3.38	\$4.28	\$6.08	\$8.78	\$14.63	\$23.63	\$31.28	\$47.03	\$108.68
\$100,000	\$3.75	\$3.75	\$4.75	\$6.75	\$9.75	\$16.25	\$26.25	\$34.75	\$52.25	\$120.75
\$110,000	\$4.13	\$4.13	\$5.23	\$7.43	\$10.73	\$17.88	\$28.88	\$38.23	\$57.48	\$132.83
\$120,000	\$4.50	\$4.50	\$5.70	\$8.10	\$11.70	\$19.50	\$31.50	\$41.70	\$62.70	\$144.90
\$130,000	\$4.88	\$4.88	\$6.18	\$8.78	\$12.68	\$21.13	\$34.13	\$45.18	\$67.93	\$156.98
\$140,000	\$5.25	\$5.25	\$6.65	\$9.45	\$13.65	\$22.75	\$36.75	\$48.65	\$73.15	\$169.05
\$150,000	\$5.63	\$5.63	\$7.13	\$10.13	\$14.63	\$24.38	\$39.38	\$52.13	\$78.38	\$181.13
\$200,000	\$7.50	\$7.50	\$9.50	\$13.50	\$19.50	\$32.50	\$52.50	\$69.50	\$104.50	\$241.50
\$250,000	\$9.38	\$9.38	\$11.88	\$16.88	\$24.38	\$40.63	\$65.63	\$86.88	\$130.63	\$301.88
\$300,000	\$11.25	\$11.25	\$14.25	\$20.25	\$29.25	\$48.75	\$78.75	\$104.25	\$156.75	\$362.25

AUL's Group Voluntary Term Life Insurance Coverage Available to Eligible Dependents

Amount of Coverage Offered

The amount of coverage for eligible dependents cannot exceed 100% of the employee's voluntary life insurance amount of coverage. Spouse and child(ren) coverage must be from the same option. Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States. **The voluntary insurance coverage is distinct and separate from any insurance coverage you may receive from the school board.**

Accelerated Life Benefit for Spouse

Suicide Limitation

Portability Option (If Employee continues coverage under this option)

Conversion Options

Eligible Dependents

Any coverage for a spouse or child(ren) cannot become effective before the employee's coverage is approved. If a spouse or child is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on the date an employee's coverage is approved, that dependent coverage will not become effective until the spouse or child is released from such confinement and pursuant to the contract provisions.

Dependent Voluntary Term Life Insurance Options¹

Dependent Type	Option 1	Option 2	Option 3	Option 4
Spouse	\$5,000	\$10,000	\$15,000	\$20,000
Dependent Child(ren) - live birth to age 26	\$2,500	\$5,000	\$7,500	\$10,000
SEMI-MONTHLY Dependent Group Voluntary Term Life Insurance Premiums¹				
Family	\$1.00	\$2.00	\$3.00	\$4.00

* Age and Definition of Child(ren) may vary by state.

¹Coverage for child(ren) and spouses does terminate when they are no longer classified as dependents.