Additional Life Coverage

Additional Life Coverage is available to you. This is Life Coverage which you the employee pay for. It is different than the Life Coverage which your Employer pays for. Use the step-by-step guide below to determine how much Additional Life Coverage you are able to get and how much it will cost you. Read the instructions for each step carefully. You might want to use a pencil to start with, and overwrite in ink after you have made a final decision. You may also need a calculator.

Additional Life Coverage for **You**

Your Annual Pay





What is your annual pay? This is how much you earn each year before taxes rounded down to the nearest thousand. If needed, you can ask your Employer's Benefit Coordinator for this information. Example: for \$26,874 enter 26.

Amount of Additional Life Coverage You Can Get





How much Additional Life Coverage can you get? Multiply the amount in Step1 by 5. This is the most Additional Life Coverage amount you are able to get (cannot exceed \$500,000). The Life Coverage which your Employer pays for does not count against this amount. Example: for 26 x 5 enter 130.

Your Age Rated Cost



Based on your age, what is the cost for each \$1,000 of coverage? Find your age based cost per \$1,000 of coverage from the Rate Table in Step 14 and write it here. Example: If you are 51 years old, you would enter 0.39.

Amount of Additional Life Coverage You Want





How much Additional Life Coverage do you want? It starts at \$20,000, after which it is available in \$5,000 units; however, if you intend to also enroll a spouse for Additional Life Coverage you must begin at \$40,000 and add in \$5,000 units thereafter. It cannot exceed the amount listed in Step 2.

If this is the 1st time you have been offered Additional Life Coverage through the Plan, you can select up to \$150,000 of Additional Life Coverage without having to answer any questions about your health. If you want more than \$150,000 you can select Additional Life Coverage up to the number listed in Step 2, and complete a simple form about your health (ask your Employer's Benefit Coordinator for the Health Questionnaire).

If you already have Additional Life Coverage through the Plan and would like to increase your coverage; if you did not take out all of the amount from Step 2 then the next \$5,000 of coverage is available to you without having to answer any questions about your health. If you increase your Additional Life Coverage Amount by more than \$5,000 then you will need to complete a simple form about your health (ask your Employer's Benefit Coordinator for the Health Questionnaire).

If in the past you have been offered Additional Life Coverage through the Plan and chose not to enroll, then you may select any coverage amount up to the amount from Step 2. You will need to complete a simple form about your health (ask your Employer's Benefit Coordinator for the Health Questionnaire).

Monthly Cost of the Additional Life Coverage

1		Г
ı	II .	ı
ı	II .	ı
ı	ll	П
ı	II .	ı
ı	ll	П
ı	II .	ı

Multiply the amount you listed in Step 4 (Amount of Additional Life Coverage you want) by Step 3 (Your age rated cost). Example: You're 51 years old and want \$95,000 of Additional Life Coverage, multiply 95 by 0.39 (95 x 0.39).

6

Add Accident, Disability & Dismemberment Coverage

н		
н		
н		
н		
н		
н	Ш	
_		_

This is an option which provides coverage if you lose a limb or the loss of the use of a limb, also loss of speech and sight. Additionally, if you were to die in an accident it would pay double the amount of coverage you have selected. It costs just \$0.03 per \$1,000 of coverage you have selected, regardless of your age. If you select this option it must be taken out on the full amount of additional life coverage you have selected.

Multiply the amount you listed in Step 4 (Amount of Additional Life Coverage you want) by 0.03. Example: You want to add Accident, Disability & Dismemberment Coverage to \$95,000 of Additional Life Coverage, multiply 95 by 0.03 (95 x 0.03).

Total Monthly Cost of Additional Life Coverage for You Step 5 + Step 6

Addition	nal Life	e Covera	ge for yo	ur Sp c	use				
Step Mo	st Addi	itional Li	fe Covera	ge Your	Spouse Ca	n Get	\$		k
you have selec	ted Addition	al Life Coveraç	ge for yourself, ai	nd cannot be n	is available in \$5,0 nore than half of th 4 was \$125,000, th	e amount of A	dditional Life Cov	erage you have s	selected for
Step You	ur Spou	ıse's Age	Rated Co	ost			\$	_	
					ge? Find your Spo you would enter 0.		ed cost per \$1,00	0 of coverage fro	m the Rate
			nal Life C our Spou				\$		k
your Spouse w	ithout having	g to answer any	questions about	their health. If	through the Plan, you want more tha your Employer's B	ın \$50,000 you	can select Additi	onal Life Coverag	
enrolled but d	id not enro	II your Spouse	e, then, you may	select any cov	the Plan and chorerage amount up to ordinator for the He	to the amount	listed in Step 8, a		
	e Montl ouse	hly Cost	of the Ad	ditional l	ife Covera	ige for y	our \$		
Multiply the am multiply 50 by 0			by Step 9. Examp	le: You're Spoi	use is 46 years old	and you want	\$50,000 of Addition	onal Life Coverag	e for them,
Additior	nal Life	Covera	ge for yo	ur De r	enden	t Child	dren		
	_		e Addition t Childrer		Coverage		\$		
Children are un coverage for \$2 for your Depen offered Additio coordinator for Coverage on ea	nder age 21 2 per month of dent Childre nal Life Cov the Health (and unmarried or \$20,000 of co on, simply write verage for your Questionnaire).	d, or age 21 and overage for \$4 pe in the monthly p Dependent Chi Example: You h	over if unmar er month. One p remium amour Idren, then a s	ou have selected A ried and a full-time premium covers all at, or enter 0 if you simple form about that are unmarreid	e student. Two your Depender I do not want a their health w	coverage amour nt Children. To se any. If this is not vill be required (a	nts are available: lect Additional Life the first time you ask your Employe	\$10,000 of e Coverage have been er's Benefit
Step You	ır Tota	l Month	ily Cost f	or Additio	nal Life Cove	erage	\$		Ш
Step		<u> </u>			ne out of your payo			teps 3 & 9)
Age 34 & Unde	r \$0.07	Age 35 - 39	\$0.10	Age 40 - 44	\$0.14	Age 45 - 49	\$0.23	Age 50 – 54	\$0.39
Age 55 – 59 Step You	\$0.64 Ir Sign	Age 60 - 64 ature	\$0.74	Age 65 - 69	\$1.21	Age 70 - 74	\$2.05	Age 75 & Over	\$3.18
Print Name Her	9					Your SSN			
Sign Name Here	9					Date	/	/ 2 (