CITY OF HAVERHILL VOLUNTARY TERM LIFE AND AD&D RATES

GUARANTEED ISSUE AMOUNTS

Must have Basic Life to sign up for Voluntary Life

Basic \$5,000 for \$3.25 per pay							<u>AGE</u>		Under 60	<u>60-69</u>	70 & Over	
							Employee		\$ 150,000	\$ 80,000	\$10,000	
							Spouse		\$ 35,000	\$ 20,000	Not Eligible	
MONTHLY PREMIUM							Dependen	t	\$ 5,000			
	Premium											
<u>Age</u>	<u>Rate per</u> <u>1,000</u>	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000	***150,000***
<35	\$0.10	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00	\$15.00
35-39	\$0.12	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00	\$18.00
40-44	\$0.17	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00	\$25.50
45-49	\$0.25	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$37.50
50-54	\$0.41	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00	\$61.50
55-59	\$0.68	\$6.80	\$13.60	\$20.40	\$27.20	\$34.00	\$40.80	\$47.60	\$54.40	\$61.20	\$68.00	\$102.00
60-64	\$0.97	\$9.70	\$19.40	\$29.10	\$38.80	\$48.50	\$58.20	\$67.90	\$77.60	\$87.30	\$97.00	\$145.50
65-69	\$1.62	\$16.20	\$32.40	\$48.60	\$64.80	\$81.00	\$97.20	\$113.40	\$129.60	\$145.80	\$162.00	\$243.00
70-74	\$2.86	\$28.60	\$57.20	\$85.80	\$114.40	\$143.00	\$171.60	\$200.20	\$228.80	\$257.40	\$286.00	\$429.00
75-79	\$4.93	\$49.30	\$98.60	\$147.90	\$197.20	\$246.50	\$295.80	\$345.10	\$394.40	\$443.70	\$493.00	\$739.50
80 & Over	\$7.50	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00	\$675.00	\$750.00	\$1,125.00

****EMPLOYEE MUST HAVE COVERAGE IN ORDER TO INSURE SPOUSE AND / OR CHILDREN****

EMPLOYEE LIFE & AD&D = \$10,000 TO A MAXIMUM OF \$500,000 (NOT TO EXCEED 7 TIMES SALARY)

SPOUSE LIFE & AD&D = \$5,000 TO A MAXIMUM OF \$150,000 (NOT TO EXCEED 100% OF EMPLOYEE BENEFIT)

DEPENDENT (LIFE ONLY) = \$500 AGE 14 DAYS TO 1 YEAR; \$5,000 AGE 1 YEAR TO AGE 19 OR 25 IF FULL TIME STUDENT)

(\$.95/MONTH for \$5,000 or \$1.90 for \$\$10,000)

DEPENDENT CHILD(REN) - (LIFE ONLY) COVERAGE ALL GUARANTEE ISSUE

Applicants requesting insurance amounts over the guaranteed issue amount will require an Evidence of Insurability Form and Authorization to Release Medical Information.

These forms will need to accompany the application.