

# USAbLe Life Insurance



## Voluntary Group Term Life Rates for Employees of **JACKSON COUNTY**

### Voluntary Group Term Life (VGTL) Employee Bi-Monthly Premiums Amounts to Guaranteed Issue\*

Benefit	Under 25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75+
\$ 10,000	\$ .35	\$ .46	\$ .60	\$ .70	\$ .96	\$ 1.40	\$ 2.35	\$ 4.25	\$ 5.26	\$ 9.25	\$ 14.76	\$ 39.35
\$ 20,000	\$ .70	\$ .91	\$ 1.19	\$ 1.50	\$ 1.91	\$ 2.80	\$ 4.70	\$ 8.50	\$ 10.51	\$ 18.50	\$ 29.51	\$ 78.70
\$ 30,000	\$ 1.05	\$ 1.37	\$ 1.79	\$ 2.25	\$ 2.87	\$ 4.20	\$ 7.05	\$ 12.75	\$ 15.77	\$ 27.75	\$ 44.27	\$ 118.05
\$ 40,000	\$ 1.40	\$ 1.82	\$ 2.38	\$ 3.00	\$ 3.82	\$ 5.60	\$ 9.40	\$ 17.00	\$ 21.02	\$ 37.00	\$ 59.02	\$ 157.40
\$ 50,000	\$ 1.75	\$ 2.28	\$ 2.98	\$ 3.75	\$ 4.78	\$ 7.00	\$ 11.75	\$ 21.25	\$ 26.28	\$ 46.25	\$ 73.78	\$ 196.75
\$ 60,000	\$ 2.10	\$ 2.73	\$ 3.57	\$ 4.50	\$ 5.73	\$ 8.40	\$ 14.10	\$ 25.50	\$ 31.53	\$ 55.50	\$ 88.53	\$ 236.10
\$ 70,000	\$ 2.45	\$ 3.19	\$ 4.17	\$ 5.25	\$ 6.69	\$ 9.80	\$ 16.45	\$ 29.75	\$ 36.79	\$ 64.75	\$ 103.29	\$ 275.45
\$ 80,000	\$ 2.80	\$ 3.64	\$ 4.76	\$ 6.00	\$ 7.64	\$ 11.20	\$ 18.80	\$ 34.00	\$ 42.04	\$ 74.00	\$ 118.04	\$ 314.80
\$ 90,000	\$ 3.15	\$ 4.10	\$ 5.36	\$ 6.75	\$ 8.60	\$ 12.60	\$ 21.15	\$ 38.25	\$ 47.30	\$ 83.25	\$ 132.80	\$ 354.15
\$ 100,000	\$ 3.60	\$ 4.55	\$ 5.95	\$ 7.50	\$ 9.55	\$ 14.00	\$ 23.50	\$ 42.50	\$ 52.55	\$ 92.50	\$ 147.55	\$ 393.50
\$ 110,000	\$ 3.85	\$ 5.01	\$ 6.55	\$ 8.25	\$ 10.51	\$ 15.40	\$ 25.85	\$ 46.75	\$ 57.81	\$ 101.75	\$ 162.31	\$ 432.85
\$ 120,000	\$ 4.20	\$ 5.46	\$ 7.14	\$ 9.00	\$ 11.46	\$ 16.80	\$ 28.20	\$ 51.00	\$ 63.06	\$ 111.00	\$ 177.06	\$ 472.20
\$ 130,000	\$ 4.55	\$ 5.92	\$ 7.74	\$ 9.75	\$ 12.42	\$ 18.20	\$ 30.55	\$ 55.25	\$ 68.32	\$ 120.25	\$ 191.82	\$ 511.55

### Voluntary Group Term Life (VGTL) Spouse Bi-Monthly Premiums Amounts to Guaranteed Issue\* Spouse premiums determined by Spouse's age

Benefit	Under 25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75+
\$ 10,000	\$ .35	\$ .46	\$ .60	\$ .70	\$ .96	\$ 1.40	\$ 2.35	\$ 4.25	\$ 5.26	\$ 9.25	\$ 14.76	\$ 39.35
\$ 20,000	\$ .70	\$ .91	\$ 1.19	\$ 1.50	\$ 1.91	\$ 2.80	\$ 4.70	\$ 8.50	\$ 10.51	\$ 18.50	\$ 29.51	\$ 78.70

### Voluntary Group Term Life (VGTL) Child(ren) Bi-Monthly Premiums

Benefit	Premium
\$ 5,000	\$ .35
\$ 10,000	\$ .70

The above rates are subject to change. This is not part of an insurance policy and only the actual provisions of an issued policy control. USAbLe Life's policies set forth the rights and obligations of covered persons and USAbLe Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

\* Guaranteed Issue is the maximum amount of coverage eligible employees can apply for during their initial enrollment without having to answer medical questions.