

Group Benefit Program Summary for American Library Association - #F023261 Supplemental Term Life

– Employee	\$250,000
Group Term Life Benefit: Spouse (Includes Domestic Partner)	\$25,000 or \$50,000 benefit, not to exceed 50% of the employee benefit amount
Guarantee Issue Amount - Spouse	\$25,000
Group Term Life Benefit: Child(ren)	Birth to 14 days: \$10,000 Age 15 days to 6 months: \$10,000 Age 6 months to age 26: \$10,000
Group Term Life Age Reduction Schedule	Same as Basic Life
Premium Waiver Type	Same as Basic Life
Accelerated Death Benefit (ADB)	Same as Basic Life
Portability Privilege (Life Coverage)	Included (Employee)
Conversion	Included

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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**SUPPLEMENTAL LIFE – PREMIUM WORK SHEET
for AMERICAN LIBRARY ASSOCIATION**

Supplemental Life Plan Features - Employee

Select your coverage option: 1 to 5 times basic annual salary, in increments of 1.00 times salary to a maximum of \$500,000 with a minimum of \$10,000 **Benefits reduce by 50% of the original amount at age 70.*

Supplemental Life Plan Features – Spouse: \$25,000 Child: \$10,000

**Benefits reduce by 50% of the original amount at age 70.*

Supplemental Life Rates - Employee & Spouse

Age <i>(Based on attained age of last birthday)</i>	Employee Monthly Premium <i>(per \$1,000 of coverage)</i>	Spouse Monthly Premium <i>(per \$1,000 of coverage)</i>		Age <i>(Based on attained age of last birthday)</i>	Employee Monthly Premium <i>(per \$1,000 of coverage)</i>	Spouse Monthly Premium <i>(per \$1,000 of coverage)</i>
Less than 20	\$0.05	\$0.48		45-49	\$0.13	\$0.48
20-24	\$0.05	\$0.48		50-54	\$0.18	\$0.48
25-29	\$0.05	\$0.48		55-59	\$0.32	\$0.48
30-34	\$0.06	\$0.48		60-64	\$0.52	\$0.48
35-39	\$0.07	\$0.48		65-69	\$0.88	\$0.48

C	D		E	F	G	H
	<i>(per \$1,000 of coverage)</i>	x	Selected Coverage Amount	Total Amount (B X C)	Rates are per \$1,000 of coverage, so divide column D by 1000 = Monthly Premium	Semi-Monthly Premium*

