

TOWN OF NEEDHAM VOLUNTARY TERM LIFE AND AD&D RATES

Must have Basic Life to sign up for Voluntary Life

*****ISSUE AGE OPTION*****
(rates remain the same)

MONTHLY PREMIUM

*GUARANTEED ISSUE AMOUNTS		
AGE	Under 70	70 & Over
Employee	\$ 150,000	\$ 10,000
Spouse	\$ 30,000	N/A
Dependent	\$10,000	

<u>Age</u>	<u>Monthly Premium Rate per 1,000</u>	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
<35	\$0.11	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00	\$12.10	\$13.20	\$14.30	\$15.40	\$16.50
35-39	\$0.16	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00
40-44	\$0.23	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00	\$25.30	\$27.60	\$29.90	\$32.20	\$34.50
45-49	\$0.35	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00	\$38.50	\$42.00	\$45.50	\$49.00	\$52.50
50-54	\$0.57	\$5.70	\$11.40	\$17.10	\$22.80	\$28.50	\$34.20	\$39.90	\$45.60	\$51.30	\$57.00	\$62.70	\$68.40	\$74.10	\$79.80	\$85.50
55-59	\$0.88	\$8.80	\$17.60	\$26.40	\$35.20	\$44.00	\$52.80	\$61.60	\$70.40	\$79.20	\$88.00	\$96.80	\$105.60	\$114.40	\$123.20	\$132.00
60-64	\$1.32	\$13.20	\$26.40	\$39.60	\$52.80	\$66.00	\$79.20	\$92.40	\$105.60	\$118.80	\$132.00	\$145.20	\$158.40	\$171.60	\$184.80	\$198.00
65-69	\$2.24	\$22.40	\$44.80	\$67.20	\$89.60	\$112.00	\$134.40	\$156.80	\$179.20	\$201.60	\$224.00	\$246.40	\$268.80	\$291.20	\$313.60	\$336.00
70-74	\$3.98	\$39.80	\$79.60	\$119.40	\$159.20	\$199.00	\$238.80	\$278.60	\$318.40	\$358.20	\$398.00	\$437.80	\$477.60	\$517.40	\$557.20	\$597.00
75+	\$6.74	\$67.40	\$134.80	\$202.20	\$269.60	\$337.00	\$404.40	\$471.80	\$539.20	\$606.60	\$674.00	\$741.40	\$808.80	\$876.20	\$943.60	\$1,011.00

****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 50% OF EMPLOYEE BENEFIT)
- DEPENDENT (LIFE ONLY) = \$1,000 AGE 14 DAYS TO 1 YEAR; \$10,000 AGE 1 YEAR TO AGE 19 OR 25 IF FULL TIME STUDENT (\$1.90/MONTH)
- DEPENDENT CHILD(REN) - (LIFE ONLY) COVERAGE ALL GUARANTEE ISSUE

*Applicants requesting insurance over the Guaranteed Issue amount will require an Evidence of Insurability Form and Authorization to release medical information. These forms need to accompany the application.