

Supplemental Disability Insurance Calculation

Supplemental Disability Monthly Rates for 2007

Age	Waiting Period			
	7 Days	30 Days	90 Days	180 Days
Under 35	\$0.0055	\$0.0020	\$0.0018	\$0.0007
35-39	0.0058	0.0022	0.0019	0.0009
40-44	0.0065	0.0028	0.0023	0.0014
45-49	0.0072	0.0033	0.0028	0.0018
50-54	0.0089	0.0041	0.0035	0.0027
55-59	0.0106	0.0059	0.0050	0.0044
60-64	0.0147	0.0097	0.0083	0.0079
65-69	0.0130	0.0076	0.0065	0.0058
70 and over	0.0099	0.0042	0.0036	0.0023

- Find the rate for your age and waiting period. \$ _____
monthly rate
- Multiply the rate by your gross monthly covered salary* up to \$14,286 per month. If your salary is higher, use \$14,286. X \$ _____
gross monthly covered salary
rate
- This is your estimated monthly premium. = \$ _____
monthly premium

* Use the full-time monthly covered salary rate for your position, even if you work part time. Premiums are based on the full-time salary rate for your position; if you normally work less than full time, benefits will be based on your part-time earnings. Do not include special pay, such as overtime.

Supplemental Life Insurance Calculation

Cost of Coverage

Your cost for Supplemental Life depends on your age and the amount of coverage you purchase. Use the table and worksheet at right to figure your monthly premium.

You pay nothing for the first month or partial month of coverage. Likewise, if you increase coverage you don't pay the extra premium for the first partial month of increased coverage.

Supplemental Life Insurance Monthly Rates for 2007 (Per \$1,000)

Your Age	Monthly Cost
Under 30	\$.023
30-34	.027
35-39	.034
40-44	.054
45-49	.097
50-54	.141
55-59	.255
60-64	.398
65-69	.610
70 and over	1.096

To estimate your monthly premium, use your current age and salary.

- Round your annual salary up to the next higher thousand (if it is not an exact multiple of \$1,000). Use your full-time salary rate even if you work part time.

\$ _____
full-time annual salary
- If you want \$20,000 of coverage, write \$20,000 on Line 3. Otherwise, multiply your full-time annual salary (Line 1, above) by the coverage level you want (1, 2, 3, or 4 times your annual salary).

X _____
coverage level
- This is your coverage amount.

= _____
coverage amount
- Divide the coverage amount by 1,000.

÷ 1,000 = _____
- Multiply the number on Line 4 by the monthly cost for your age.

X \$ _____
monthly rate
- This is your estimated monthly premium.

= \$ _____
monthly premium

Basic Dependent Life Insurance

The table shows your monthly cost, which depends on your age as of January 1, 2006. You pay nothing for the first month of coverage.

Basic Dependent Life Monthly Rates for 2007

Your Age	Monthly Cost
Under 35	\$ 0.62
35-39	1.10
40-44	1.22
45-49	1.49
50 and over	1.70

Expanded Dependent Life Insurance Calculation

Expanded Dependent Life

Your cost depends on your age and on which family members you cover.

You pay nothing for the first month of coverage. Likewise, if you increase coverage, you don't pay the extra premium for the first month of increased coverage.

Expanded Dependent Life Monthly Rates for 2007 (Per \$1,000)

Coverage	Spouse or Domestic Partner Only	Children Only	Spouse or Domestic Partner and Children
Your Age	Monthly Cost		
Under 30	\$.036	\$.36 covers all eligible children	\$.36 plus the spouse or domestic partner only premium covers spouse or partner and all eligible children
30-34	.045		
35-39	.054		
40-44	.090		
45-49	.207		
50-54	.288		
55-59	.486		
60-64	.513		
65-69	.792		
70 and over	1.395		

- Find your Supplemental Life insurance coverage amount. $\$$ _____
coverage amount
- Divide this amount by 2. Round to the next higher \$1,000 if not an exact multiple of 1,000. This is the coverage amount for your spouse or partner. $\div 2 = \$$ _____
coverage amount for spouse or partner (\$200,000 maximum)
- Divide the number on Line 2 by 1,000. $\div 1,000 =$ _____
- Multiply the number on Line 3 by the monthly rate for your age. $\times \$$ _____
monthly rate
- This is your estimated monthly premium for spouse-only or partner-only coverage. $= \$$ _____
monthly premium

If you are enrolling in coverage for spouse only or partner and children, add \$.36 to the monthly premium on Line 5, above.

AD&D Monthly Rates

Cost of Coverage

Your cost depends on the plan option and the coverage amount you choose, which can range from \$10,000 to \$500,000. You pay nothing for the first month. Likewise, if you increase coverage, you don't pay the extra premium for the first partial month of increased coverage.

AD&D Monthly Rates for 2007

Coverage	Plan Options		
	Self (You)	Family (You, spouse or partner, and eligible children)	Modified Family (You and eligible children)
\$ 10,000	\$ 0.16	\$ 0.26	\$ 0.20
20,000	0.32	0.52	0.40
30,000	0.48	0.78	0.60
40,000	0.64	1.04	0.80
50,000	0.80	1.30	1.00
60,000	0.96	1.56	1.20
70,000	1.12	1.82	1.40
80,000	1.28	2.08	1.60
90,000	1.44	2.34	1.80
100,000	1.60	2.60	2.00
125,000	2.00	3.25	2.50
150,000	2.40	3.90	3.00
175,000	2.80	4.55	3.50
200,000	3.20	5.20	4.00
300,000	4.80	7.80	6.00
400,000	6.40	10.40	8.00
500,000	8.00	13.00	10.00