

# TOWN OF LINCOLN VOLUNTARY TERM LIFE AND AD&D RATES

Must have Basic Life to sign up for Voluntary Life

**\*\*\*ISSUE AGE OPTION\*\*\***

## \*GUARANTEED ISSUE AMOUNTS

AGE	Under 60	60-69	70 & Over
Employee	\$ 150,000	\$ 80,000	\$ 10,000
Spouse	\$ 35,000	\$ 20,000	N/A
Dependent	\$5,000/ \$10,000		

## MONTHLY PREMIUM

Age	Monthly Premium Rate per 1,000	\$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	<b>\$0.11</b>	\$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	<b>\$16.50</b>
35-39	<b>\$0.14</b>	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00	\$15.40	\$16.80	\$18.20	\$19.60	<b>\$21.00</b>
40-44	<b>\$0.22</b>	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00	\$24.20	\$26.40	\$28.60	\$30.80	<b>\$33.00</b>
45-49	<b>\$0.33</b>	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00	\$36.30	\$39.60	\$42.90	\$46.20	<b>\$49.50</b>
50-54	<b>\$0.49</b>	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00	\$53.90	\$58.80	\$63.70	\$68.60	<b>\$73.50</b>
55-59	<b>\$0.73</b>	\$7.30	\$14.60	\$21.90	\$29.20	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	\$73.00	\$80.30	\$87.60	\$94.90	\$102.20	<b>\$109.50</b>
60-64	<b>\$0.98</b>	\$9.80	\$19.60	\$29.40	\$39.20	\$49.00	\$58.80	\$68.60	\$78.40	\$88.20	\$98.00	\$107.80	\$117.60	\$127.40	\$137.20	<b>\$147.00</b>
65-69	<b>\$1.76</b>	\$17.60	\$35.20	\$52.80	\$70.40	\$88.00	\$105.60	\$123.20	\$140.80	\$158.40	\$176.00	\$193.60	\$211.20	\$228.80	\$246.40	<b>\$264.00</b>
70-74	<b>\$2.92</b>	\$29.20	\$58.40	\$87.60	\$116.80	\$146.00	\$175.20	\$204.40	\$233.60	\$262.80	\$292.00	\$321.20	\$350.40	\$379.60	\$408.80	<b>\$438.00</b>
75-79	<b>\$4.70</b>	\$47.00	\$94.00	\$141.00	\$188.00	\$235.00	\$282.00	\$329.00	\$376.00	\$423.00	\$470.00	\$517.00	\$564.00	\$611.00	\$658.00	<b>\$705.00</b>

\*\*\*\*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 = \$10,000 TO A MAXIMUM OF \$150,000 (NOT TO EXCEED 100% OF EMPLOYEE BENEFIT)
- DEPENDENT (LIFE ONLY) = \$500 OR \$1,000 AGE 14 DAYS TO 1 YEAR; \$5,000 OR \$10,000 AGE 1 YEAR TO AGE 19 OR 25 IF FULL TIME STUDENT (\$ 0.95/MONTH OR \$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.