

**VOLUNTARY GROUP LIFE AND AD&D  
PREMIUM RATE GRID**



**Prairie Central School District #8**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

**Voluntary Life Insurance**

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**  
Spouse Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

*The spouse benefit may not exceed the employee benefit amount.*

Guarantee Issue*	Under Age 60	Age 60-69	Age 70 and Over
Employee	\$ 100,000	\$ 20,000	Fully Underwritten
Spouse	\$ 20,000	\$ 20,000	Fully Underwritten

\* Assumes 25% participation achieved.

**Child Coverage**

Ages 15 days to 6 months: **\$100**  
Ages 6 months to 19 years (23 years if full time student): **\$5,000 or \$10,000**

**Voluntary AD&D Insurance**

Benefits from \$10,000 to \$500,000 in \$10,000 increments.

The Individual Plan covers you in the event of accidental death or dismemberment.

The Family Plan covers you, your spouse and your eligible dependent children.

The spouse benefit is equal to 50% of your benefit and the child benefit is 10% of your benefit.

Voluntary Life	
Monthly rates per \$1,000	
Age	Rates
Under 30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.13
45-49	\$0.18
50-54	\$0.30
55-59	\$0.45
60-64	\$0.70
65-69	\$1.27
70-74	\$2.06
75 and over	\$3.19
Voluntary AD&D	
Monthly rates per \$1,000	
Individual Plan	\$0.05
Family Plan	\$0.08
Dependent Life (Children)	
Monthly rates per Family	
\$5,000	\$1.00
\$10,000	\$2.00

**Blended Voluntary Life Insurance**

**Semi Monthly Premium Cost (Based on 24 payroll deductions per year)**

Benefit Amount	ATTAINED AGE										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$ 0.30	\$ 0.40	\$ 0.45	\$ 0.65	\$ 0.90	\$ 1.50	\$ 2.25	\$ 3.50	\$ 6.35	\$ 10.30	\$ 15.95
20,000	0.60	0.80	0.90	1.30	1.80	3.00	4.50	7.00	12.70	20.60	31.90
30,000	0.90	1.20	1.35	1.95	2.70	4.50	6.75	10.50	19.05	30.90	47.85
40,000	1.20	1.60	1.80	2.60	3.60	6.00	9.00	14.00	25.40	41.20	63.80
50,000	1.50	2.00	2.25	3.25	4.50	7.50	11.25	17.50	31.75	51.50	79.75
60,000	1.80	2.40	2.70	3.90	5.40	9.00	13.50	21.00	38.10	61.80	95.70
70,000	2.10	2.80	3.15	4.55	6.30	10.50	15.75	24.50	44.45	72.10	111.65
80,000	2.40	3.20	3.60	5.20	7.20	12.00	18.00	28.00	50.80	82.40	127.60
90,000	2.70	3.60	4.05	5.85	8.10	13.50	20.25	31.50	57.15	92.70	143.55
100,000	3.00	4.00	4.50	6.50	9.00	15.00	22.50	35.00	63.50	103.00	159.50
110,000	3.30	4.40	4.95	7.15	9.90	16.50	24.75	38.50	69.85	113.30	175.45
120,000	3.60	4.80	5.40	7.80	10.80	18.00	27.00	42.00	76.20	123.60	191.40
130,000	3.90	5.20	5.85	8.45	11.70	19.50	29.25	45.50	82.55	133.90	207.35
140,000	4.20	5.60	6.30	9.10	12.60	21.00	31.50	49.00	88.90	144.20	223.30
150,000	4.50	6.00	6.75	9.75	13.50	22.50	33.75	52.50	95.25	154.50	239.25

Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage

features and limitations. Policy number FDL1-504-707

Vlife/blend-w/add/12

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