

Design Your Plan

(Rate information on opposite page)

SAMPLE CALCULATION

EMPLOYEE

SPOUSE

1. Show the amount of insurance desired, in increments of \$10,000.

Employee: Must not exceed 5 times salary, \$1,500,000 maximum.

Spouse: Must not exceed 3 times employee's salary, \$100,000 maximum.

\$100,000

\$ _____ \$ _____

2. Divide the insurance amount you selected by \$10,000 to determine how many "units" of \$10,000 you'll purchase.

10
units

= _____ = _____
units units

3. Next, use the rate page to determine the biweekly Cost of Insurance. Find your age and your spouse's and enter the appropriate rate per \$10,000 shown on the rate page for each.

\$.65 (AGE 35)

= \$ _____ = \$ _____
rate per \$10,000 rate per \$10,000

Multiply by the number of units of insurance from Step 2.

\$6.50

= \$ _____ = \$ _____
Cost of Insurance Cost of Insurance

4. If you select Accidental Death Benefit coverage for you and your spouse, add the cost here.
The biweekly cost is \$.23 per \$10,000 of insurance
Check the appropriate box(es) on the enrollment form.

\$2.30

\$ _____ \$ _____
Cost of ADB Cost of ADB

5. Would you like to contribute to the Cash Accumulation Fund for yourself and/or your spouse on a biweekly basis?
You may contribute an amount up to a maximum shown on the rate page.
(Also enter this amount on the enrollment form.)

\$5.00

\$ _____ \$ _____
Contribution to Contribution to
Cash Accumulation Cash Accumulation
Fund Fund

6. To determine your total biweekly contribution, add the following:

Cost of Insurance

\$6.50

\$ _____ \$ _____

Cost of Accidental Death Benefit

\$2.30

+ \$ _____ \$ _____

Contribution to Cash Accumulation Fund

\$5.00

+ \$ _____ \$ _____

Add \$0.92 to your or your spouse's biweekly contribution if you select Dependent Children Coverage.

\$.92

+ \$ _____ \$ _____

TOTAL BIWEEKLY CONTRIBUTION

\$14.72

= \$ _____ \$ _____

Biweekly Insurance Cost

Find your age (or your spouse's age) in the left column and read across for the biweekly cost for each \$10,000 of coverage.

Age of Employer or Spouse	Employee Biweekly Cost of Insurance (per \$10,000 of coverage)	Spouse Biweekly Cost of Insurance (per \$10,000 of coverage)	Cash Accumulation Fund Maximum Biweekly Contribution (per \$10,000 of coverage)
Through Age 21	.046	.055	.582
22	.051	.055	.582
23	.051	.055	.582
24	.051	.055	.582
25	.051	.055	.711
26	.051	.055	.711
27	.051	.060	.711
28	.051	.065	.711
29	.055	.065	.711
30	.055	.065	.868
31	.055	.065	.868
32	.055	.065	.868
33	.060	.065	.868
34	.060	.065	.868
35	.065	.069	10.52
36	.065	.074	10.52
37	.069	.074	10.52
38	.074	.078	10.52
39	.078	.083	10.52
40	.088	.088	12.65
41	.092	.097	12.65
42	1.02	1.02	12.65
43	1.11	1.11	12.65
44	1.20	1.20	12.65
45	1.29	1.29	15.14
46	1.43	1.34	15.14
47	1.57	1.62	15.14
48	1.75	1.75	15.14
49	1.89	1.94	15.14
50	2.12	2.12	17.91
51	2.35	2.31	17.91
52	2.58	2.54	17.91
53	2.82	2.77	17.91
54	3.09	3.00	17.91
55	3.37	3.28	18.28
56	3.74	3.60	19.38
57	4.06	3.88	20.58
58	4.43	4.15	21.83
59	4.75	5.17	22.34
60	5.08	5.58	23.17
61	5.45	6.00	24.00
62	5.91	6.51	24.83
63	6.42	7.02	25.66
64	6.92	7.52	26.49
65	7.43	8.31	
75	16.75	16.85	
85	40.20	40.29	
95	83.26	83.40	

Rates increase annually based on your attained age as of each January 1.