

**Employee-Paid
Employee Supplemental Life**

Age Band	Rate / \$1,000 of coverage = monthly cost
0 - 24	\$0.020
25 - 29	\$0.020
30 - 34	\$0.030
35 - 39	\$0.050
40 - 44	\$0.090
45 - 49	\$0.140
50 - 54	\$0.240
55 - 59	\$0.300
60 - 64	\$0.500
65 - 69	\$1.380
70 - 74	\$1.380
75 - 79	\$1.380
80 - 99	\$1.380

Spouse Supplemental Life

Spouse \$0.225 / \$1,000

Child(ren) \$1.00/ unit