

## Optional Life Premium Calculation

### Employee & Spouse Supplemental Life Bi-Weekly Rates per \$1,000 of Coverage

Age	Rate*
Under 25	.03
25-29	.04
30-34	.04
35-39	.05
40-44	.06
45-49	.09
50-54	.14
55-59	.26
60-64	.40
65-69	.76
70+	1.24

\*Rate changes on birth dates. The rate for the spouse is based on the age of the employee.

Child Coverage	
\$10,000	\$1.20

### Don't Forget to Designate a Beneficiary!

Choosing who will receive your Life Insurance or Personal Accident benefit is an important decision. Please make sure your beneficiary is up to date <https://giselfservice.prudential.com>.

Your beneficiary is the same on both the Life Insurance and Personal Accident benefit. If you elect coverage for a spouse and/or children, you are the designated beneficiary. Your spouse and/or children cannot elect a different beneficiary.

How Much Will My Coverage Cost?		
Six Steps:	Calculation	Example (Employee age 35)
Step 1. Enter your annual basic salary (not including bonus or overtime).		\$42,159
Step 2. Enter the multiple of salary desired*.		3*
Step 3. Multiply the result of Step 1 & 2.		\$126,477
Step 4. Divide the result in Step 3 by 1,000 and round to the nearest 1,000.		126
Step 5. Enter the rate for your age from the table on the left.		.05
Step 6. Multiply the result of Step 5 by the rate in Step 6. This is your bi-weekly payroll deduction for this coverage.		\$6.30
*Guaranteed Coverage Amounts (New Hires Only)		
Employees	3x annual salary	
Spouses	\$50,000	
Children	\$10,000	

Participation is voluntary, and premiums are paid by you. You must elect coverage for yourself in order to purchase coverage for your spouse and/or dependent children. The amount of coverage for your spouse cannot exceed your own coverage amount.

### \*Medical Questionnaire (EOI)

Prudential requires you to show that you are in good health before they will agree to provide coverage amounts above the guaranteed amounts. This is called "Evidence of Insurability (EOI)." You will need to complete a Short Form Health Questionnaire in addition to your enrollment form. You may also be asked to complete a Long Form Health Questionnaire. Prudential will notify you directly if election is approved.

### Personal Accident Cost

Cost Per Pay Period				
Benefit Amount	You	Spouse (100%)	Spouse (50%)	Children (10%)
\$25,000	\$0.18	\$0.18	\$0.09	\$0.02
\$50,000	\$0.36	\$0.36	\$0.18	\$0.04
\$100,000	\$0.72	\$0.72	\$0.36	\$0.07
\$200,000	\$1.44	\$1.44	\$0.72	\$0.14
\$300,000	\$2.16	\$2.16	\$1.08	\$0.22
\$400,000	\$2.88	\$2.88	\$1.44	\$0.29
\$500,000	\$3.60	\$3.60	\$1.80	\$0.36

Elections cannot exceed 10x your annual salary. No EOI is required for any amount.