## **GROUP VOLUNTARY LIFE MONTHLY PREMIUMS FOR**

## Ignite Spot With AD&D

Employee coverage is limited to 3 times Annual Salary to Guaranteed Issue limits. Amounts in excess of Guarantee Issue limits are subject to evidence of insurability. Spouse coverage (no less than \$10,000) is limited to 50% of the Employee's Voluntary Life coverage subject to Spouse Guarantee Issue limits. Employee must be insured for Dependent Spouse or Children to be insured.

		MONTHI	LY PREMIUM	S (Applicable	for Male/Fe	male Eligibl	e Employees	and, separa	tely, for thei	r Dependent	Spouses)		
Maximum Employee Life Amount	Employees Under Age 25	Employees Age 25-29	Employees Age E 30-34	Employees Age I 35-39	Employees Age E 40-44	imployees Age 45-49	Employees Age   50-54	Employees Age I 55-59	Employees Age 60-64	Employees Age I 65-69	Employees Age E 70-74	mployees Age 1 75-79	Employees Ag 80-84
						NON S	MOKER						
10,000	\$0.84	\$0.84	\$0.91	\$1.13	\$1.52	\$2.32	\$3.33	\$5.74	\$9.30	\$16.61	\$26.94	\$47.58	\$80.2
20,000	\$1.68	\$1.68	\$1.82	\$2.26	\$3.04	\$4.64	\$6.66	\$11.48	\$18.60	\$33.22	\$53.88	\$95.16	\$160.4
30,000	\$2.52	\$2.52	\$2.73	\$3.39	\$4.56	\$6.96	\$9.99	\$17.22	\$27.90	\$49.83	\$80.82	\$142.74	\$240.6
40,000	\$3.36	\$3.36	\$3.64	\$4.52	\$6.08	\$9.28	\$13.32	\$22.96	\$37.20	\$66.44	\$107.76	\$190.32	\$320.8
50,000	\$4.20	\$4.20	\$4.55	\$5.65	\$7.60	\$11.60	\$16.65	\$28.70	\$46.50	\$83.05	\$134.70	\$237.90	\$401.0
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						SMO	OKER						
10,000	\$1.34	\$1.34	\$1.48	\$2.00	\$2.87	\$4.46	\$6.47	\$11.15	\$18.34	\$33.07	\$53.52	\$95.01	\$160.0
20,000	\$2.68	\$2.68	\$2.96	\$4.00	\$5.74	\$8.92	\$12.94	\$22.30	\$36.68	\$66.14	\$107.04	\$190.02	\$320.0
30,000	\$4.02	\$4.02	\$4.44	\$6.00	\$8.61	\$13.38	\$19.41	\$33.45	\$55.02	\$99.21	\$160.56	\$285.03	\$480.1
40,000	\$5.36	\$5.36	\$5.92	\$8.00	\$11.48	\$17.84	\$25.88	\$44.60	\$73.36	\$132.28	\$214.08	\$380.04	\$640.1
50,000	\$6.70	\$6.70	\$7.40	\$10.00	\$14.35	\$22.30	\$32.35	\$55.75	\$91.70	\$165.35	\$267.60	\$475.05	\$800.2
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