

Hartford Voluntary Life / AD&D Rates Celina Independent School District

Monthly Payroll Deduction

EMPLOYEE LIFE RATES

Age Band	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$100,000
0-24	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$4.00
25-29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$4.00
30-34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$5.00
35-39	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$7.00
40-44	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$11.00
45-49	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$18.00
50-54	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$29.00
55-59	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$46.00
60-64	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$60.00
65-69	\$9.70	\$19.40	\$29.10	\$38.80	\$48.50	\$58.20	\$67.90	\$77.60	\$97.00
70-74	\$17.00	\$34.00	\$51.00	\$68.00	\$85.00	\$102.00	\$119.00	\$136.00	\$170.00
75+	\$30.80	\$61.60	\$92.40	\$123.20	\$154.00	\$184.80	\$215.60	\$246.40	\$308.00

Any amount over \$150,000 will be medically underwritten. You must complete an Evidence of Insurability Form

SPOUSE LIFE RATES

Age Band	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$100,000
0-24	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$4.00
25-29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$4.00
30-34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$5.00
35-39	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$7.00
40-44	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$11.00
45-49	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$18.00
50-54	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$29.00
55-59	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$46.00
60-64	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00	\$60.00
65-69	\$9.70	\$19.40	\$29.10	\$38.80	\$48.50	\$58.20	\$67.90	\$77.60	\$97.00
70-74	\$17.00	\$34.00	\$51.00	\$68.00	\$85.00	\$102.00	\$119.00	\$136.00	\$170.00
75+	\$30.80	\$61.60	\$92.40	\$123.20	\$154.00	\$184.80	\$215.60	\$246.40	\$308.00

Any amount over \$30,000 will be medically underwritten. You must complete an Evidence of Insurability Form

CHILD LIFE RATES

\$10,000

\$2.00 Per Child Unit

AD&D RATES

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$100,000
EMPLOYEE	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$3.00
FAMILY	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$6.00

NOTE: FINAL RATES MAY VARY SLIGHTLY DUE TO ROUNDING.

THESE GRIDS ARE PRICES OF FREQUENTLY SELECTED AMOUNTS. YOU MAY CHOOSE ANY INCREMENT OF \$10,000 UP TO \$500,000.(NOT TO EXCEED 7 TIMES YOUR ANNUAL SALARY) FOR SPOUSE ANY INCREMENT OF \$10,000 UP TO \$250,000 (NOT TO EXCEED 50% OF EMPLOYEE LIFE AMOUNT) FOR AD&D ANY INCREMENT OF \$10,000 UP TO \$500,000 (NOT TO EXCEED 10 TIMES YOUR ANNUAL SALARY) TO PURCHASE AN AMOUNT OTHER THAN THOSE LEVELS INDICATED ABOVE, SIMPLY ADD LEVELS TOGETHER