

Voluntary Benefits Election Sheet

Supplemental Term Life

Rate table for employee and spouse based on age of employee

Rate table for children

Employee	Increments of \$10,000 to a max of \$500,000 Up to \$150,000 guaranteed issue
Spouse	Increments of \$5,000 to a max of \$125,000 Max of 50% of Employee Coverage amount Up to \$50,000 guarantee issue

Coverage is for each child Rate is total rate regardless of number of children covered Coverage from 6 months to age 19(26 if full time student) Increments of \$2,500 per child to a max of \$10,000
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NOTE: All Supplemental insurance is guaranteed issue at time of benefits eligibility and at next open enrollment. After that, proof of insurability must be provided.

<u>AGE</u>	<u>Rate per</u> <u>\$1,000 per month</u>	<u>AGE</u>	<u>Rate per</u> <u>\$1,000 per month</u>	<u>Amount</u>	<u>Cost per month</u>
00-24	\$0.07	50-54	\$0.51	\$2,500.00	\$0.48
25-29	\$0.08	55-59	\$0.86	\$5,000.00	\$0.96
30-34	\$0.09	60-64	\$1.25	\$7,500.00	\$1.44
35-39	\$0.12	65-69	2.08	\$10,000.00	\$1.92
40-44	\$0.18	70-74	4.09		
45-49	\$0.30				

Calculation	Amount of Coverage	Cost	Beneficiary Name & Beneficiary Relationship	Beneficiary Social Security Number	Beneficiary Date of Birth
Employee	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____
Children	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Total	_____	_____	More than 2 children use an additional sheet		

Dependents to be covered

Spouse name	Spouse Social	Spouse Date of Birth
Child name	Child Social	Child Date of Birth
Child name	Child Social	Child Date of Birth
Child name	Child Social	Child Date of Birth

☐ I waive the voluntary supplemental life insurance benefit program

Voluntary LTD

Provides 60% of insured salary after 90 days of disability up to age 65
Max Benefit \$5,000 per month

<u>Age</u>	<u>Monthly</u> <u>Rate per</u> <u>\$100 payroll</u>	<u>Age</u>	<u>Monthly</u> <u>Rate per</u> <u>\$100 payroll</u>
18-24	\$0.28	45-49	\$2.92
25-29	\$0.45	50-54	\$4.12
30-34	\$0.80	55-59	\$5.32
35-39	\$1.28	60-64	\$4.10
40-44	\$2.23	65-69	\$4.10

Calculation

Monthly Compensation _____ Divide by 100 X Rate _____ equals _____ Cost per month

☐ I waive the voluntary LTD insurance benefit program

Name(Printed) _____

Signature _____ Date _____

Voluntary Benefits Election Sheet

Universal life and Critical Illness Coverage

Permanent Life Insurance that you can keep even if you leave Concept
Critical Illness coverage at 25% of amount for certain critical illnesses
Available for employee, spouse, dependent children and grandchildren
Rates based on age at issue and remain the same for duration of policy
Available in increments of \$25,000

Minimum premium is \$4.00 per week/17.33 per month Child 25K Max \$13.00 per month

WEEKLY Sample rates

Age	25K Rate Non smoker	50K rate Non smoker	25K Smoker	50K Smoker
20	n/a	\$18.16	n/a	\$26.88
25	n/a	\$21.89	n/a	\$32.42
30	n/a	\$26.33	\$20.08	\$40.16
35	n/a	\$32.55	\$25.03	\$50.06
40	\$20.56	\$41.12	\$32.27	\$64.53
45	\$26.24	\$52.48	\$41.66	\$83.32
50	\$34.44	\$68.88	\$54.81	\$109.62
55	\$45.29	\$90.58	\$72.45	\$144.90
60	\$63.63	\$127.26	\$100.52	\$201.05

Calculation

	Amount of Coverage	Cost	Beneficiary & relationship	Social Security Number	Date of Birth
Employee	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____
Children	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Total		=====			

NOTE: This coverage requires completion of the company application from Transamerica Life Insurance

☐ I waive the voluntary universal life insurance benefit program

Name(Printed) _____

Signature _____ Date _____