CONCEPT PACKAGING GROUP

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

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.

4.05	5.	405	5.		•		
<u>AGE</u>	Rate per	<u>AGE</u>	Rate per	-	Cost per m	<u>ionth</u>	
	\$1,000 per month		\$1,000 per m				
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				Beneficiary Name &		Daneficien/	Danafialanı
Calculation	Amount of	Cost		Beneficiary Relationship		Beneficiary Social Security Number	Beneficiary Date of Birth
	Coverage	Cost		Beneficiary Relationship	,	Social Security Number	Date of Birth
Employee	Coverage						
Employee					_		
Spouse							
Spouse			 -		-		
Children							
Official					=		
					=		
	Total			More than 2 children use	an additior	nal sheet	
_							
	s to be covered						
Spouse nam	ne			Spouse Social		Spouse Date of Birth	
Child name				Child Social		Child Date of Birth	
Child name				Child Social		Child Data at Dinth	
Child name				Child Social		Child Date of Birth	
Child name				Child Social		Child Date of Birth	
				Child Social	al life in au	Child Date of Birth	
					al life insu	Child Date of Birth	
Child name	TD			Child Social	al life insu	Child Date of Birth	
Child name Voluntary L		alany afto	I waive	Child Social the voluntary supplement	al life insu	Child Date of Birth	
Child name Voluntary L Provides	60% of insured s		I waive	Child Social	al life insu	Child Date of Birth	
Child name Voluntary L Provides	60% of insured s efit \$5,000 per mo		I waive	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Voluntary L Provides Max Bene	60% of insured s efit \$5,000 per mo Monthly	onth	I waive 90 days of	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Child name Voluntary L Provides	60% of insured sefit \$5,000 per mo Monthly Rate per		I waive 90 days of Monthly	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Voluntary L Provides Max Bene	60% of insured s efit \$5,000 per mo Monthly Rate per \$100 payroll	onth Age	I waive 90 days of Monthly Rate per	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Voluntary L Provides Max Bene Age 18-24	60% of insured s efit \$5,000 per mo Monthly Rate per \$100 payroll \$0.28	Age 45-49	I waive 90 days of Monthly Rate per \$100 pay \$2.92	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Voluntary L Provides Max Bene Age 18-24 25-29	60% of insured s efit \$5,000 per mo Monthly Rate per \$100 payroll \$0.28 \$0.45	Age 45-49 50-54	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Voluntary L Provides Max Bene Age 18-24 25-29 30-34	60% of insured s efit \$5,000 per mo Monthly Rate per \$100 payroll \$0.28 \$0.45 \$0.80	Age 45-49 50-54 55-59	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12 \$5.32	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
Voluntary L Provides Max Bene Age 18-24 25-29 30-34 35-39	60% of insured s efit \$5,000 per mo Monthly Rate per \$100 payroll \$0.28 \$0.45 \$0.80 \$1.28	Age 45-49 50-54 55-59 60-64	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12 \$5.32 \$4.10	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	
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Voluntary L Provides Max Bene Age 18-24 25-29 30-34 35-39 40-44	60% of insured sefit \$5,000 per model Monthly Rate per \$100 payroll \$0.28 \$0.45 \$0.80 \$1.28 \$2.23	Age 45-49 50-54 55-59 60-64	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12 \$5.32 \$4.10 \$4.10	Child Social the voluntary supplement disability up to age 65	al life insu	Child Date of Birth	nth
Voluntary L Provides Max Bene Age 18-24 25-29 30-34 35-39 40-44 Calculation	60% of insured sefit \$5,000 per model Monthly Rate per \$100 payroll \$0.28 \$0.45 \$0.80 \$1.28 \$2.23	Age 45-49 50-54 55-59 60-64	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12 \$5.32 \$4.10 \$4.10 Divide I	Child Social the voluntary supplement disability up to age 65 vroll by 100 X Rate	equals	Child Date of Birth rance benefit program Cost per mo	nth
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Voluntary L Provides Max Bene Age 18-24 25-29 30-34 35-39 40-44 Calculation	60% of insured sefit \$5,000 per moderal Monthly Rate per \$100 payroll \$0.28 \$0.45 \$0.80 \$1.28 \$2.23	Age 45-49 50-54 55-59 60-64	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12 \$5.32 \$4.10 \$4.10 Divide I	Child Social the voluntary supplement disability up to age 65 vroll by 100 X Rate	equals	Child Date of Birth rance benefit program Cost per mo	nth
Child name Voluntary L Provides Max Bene Age 18-24 25-29 30-34 35-39 40-44 Calculation Monthly Comp	60% of insured sefit \$5,000 per moderal Monthly Rate per \$100 payroll \$0.28 \$0.45 \$0.80 \$1.28 \$2.23	Age 45-49 50-54 55-59 60-64	I waive 90 days of Monthly Rate per \$100 pay \$2.92 \$4.12 \$5.32 \$4.10 \$4.10 Divide I	Child Social the voluntary supplement disability up to age 65 vroll by 100 X Rate	equals	Child Date of Birth rance benefit program Cost per mo	nth

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Voluntary Benefits Election Sheet

Child

25K Max \$13.00 per month

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

WEEKLY Sample rates Age 25K Rate 50K rate 25K 50K Non smoker Non smoker Smoker Smoker 20 \$18.16 n/a \$26.88 n/a 25 \$21.89 \$32.42 n/a n/a \$40.16 30 \$26.33 \$20.08 n/a 35 \$32.55 \$25.03 \$50.06 n/a 40 \$20.56 \$41.12 \$32.27 \$64.53 45 \$26.24 \$52.48 \$41.66 \$83.32 \$68.88 50 \$34.44 \$54.81 \$109.62 55 \$45.29 \$90.58 \$72.45 \$144.90 60 \$63.63 \$201.05 \$127.26 \$100.52 Calculation Amount of Cost Social Security Number Date of Birth Beneficiary & relationship Coverage 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