

**VOLUNTARY GROUP LIFE and AD&D  
PREMIUM RATE GRID**

**MONTANA UNIFIED SCHOOL TRUST F024400**

**Eligibility**

All Active Full Time Employees of a participating Employer enrolled in the Group Medical Plan electing to offer Voluntary Coverage, excluding MTSBA, who regularly work 17.5 hours per week, are eligible for insurance. Refer to your Employer for your waiting period & eligibility date.

**Voluntary Life/AD&D Insurance**

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments, not to exceed 4 times annual earnings.**

Spouse Benefit: **\$5,000**

Child Benefit: **\$5,000** Live Birth to Age 26

Note: Spouse may not have coverage unless the employee has coverage.

Employee: Life and AD&D benefits reduce by 50% of the original amount at age 70.  
All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's Retirement.

**Guarantee Issue:**

Employee: **\$50,000**

Spouse: **\$5,000**

**Voluntary Life/AD&D Insurance**

**Monthly Premium Cost (Based on 12 payroll deductions per year)**

<b>EMPLOYEE</b>		
<b>Voluntary Life/AD&amp;D</b>		
<u>Monthly rates per \$1,000</u>		
<b>Age</b>	<b>Rates</b>	
Under 29	\$0.110	
30-34	\$0.120	
35-39	\$0.150	
40-44	\$0.220	
45-49	\$0.360	
50-54	\$0.530	
55-59	\$0.870	
60-64	\$0.990	
65-69	\$1.820	
70-74	\$2.970	
75-79	\$4.040	
80+	\$7.670	
<b>Dependent Life/AD&amp;D</b>		
<u>Monthly Premium</u>		
Spouse	\$5,000	\$1.50
Child	\$5,000	\$1.50

<b>EMPLOYEE Benefit Amount</b>	<b>ATTAINED AGE</b>												
	<b>&lt;29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80+</b>	
\$10,000	\$1.10	\$1.20	\$1.50	\$2.20	\$3.60	\$5.30	\$8.70	\$9.90	\$18.20	\$29.70	\$40.40	\$76.70	
\$20,000	\$2.20	\$2.40	\$3.00	\$4.40	\$7.20	\$10.60	\$17.40	\$19.80	\$36.40	\$59.40	\$80.80	\$153.40	
\$30,000	\$3.30	\$3.60	\$4.50	\$6.60	\$10.80	\$15.90	\$26.10	\$29.70	\$54.60	\$89.10	\$121.20	\$230.10	
\$40,000	\$4.40	\$4.80	\$6.00	\$8.80	\$14.40	\$21.20	\$34.80	\$39.60	\$72.80	\$118.80	\$161.60	\$306.80	
\$50,000	\$5.50	\$6.00	\$7.50	\$11.00	\$18.00	\$26.50	\$43.50	\$49.50	\$91.00	\$148.50	\$202.00	\$383.50	
\$60,000	\$6.60	\$7.20	\$9.00	\$13.20	\$21.60	\$31.80	\$52.20	\$59.40	\$109.20	\$178.20	\$242.40	\$460.20	
\$70,000	\$7.70	\$8.40	\$10.50	\$15.40	\$25.20	\$37.10	\$60.90	\$69.30	\$127.40	\$207.90	\$282.80	\$536.90	
\$80,000	\$8.80	\$9.60	\$12.00	\$17.60	\$28.80	\$42.40	\$69.60	\$79.20	\$145.60	\$237.60	\$323.20	\$613.60	
\$90,000	\$9.90	\$10.80	\$13.50	\$19.80	\$32.40	\$47.70	\$78.30	\$89.10	\$163.80	\$267.30	\$363.60	\$690.30	
\$100,000	\$11.00	\$12.00	\$15.00	\$22.00	\$36.00	\$53.00	\$87.00	\$99.00	\$182.00	\$297.00	\$404.00	\$767.00	
\$110,000	\$12.10	\$13.20	\$16.50	\$24.20	\$39.60	\$58.30	\$95.70	\$108.90	\$200.20	\$326.70	\$444.40	\$843.70	
\$120,000	\$13.20	\$14.40	\$18.00	\$26.40	\$43.20	\$63.60	\$104.40	\$118.80	\$218.40	\$356.40	\$484.80	\$920.40	
\$130,000	\$14.30	\$15.60	\$19.50	\$28.60	\$46.80	\$68.90	\$113.10	\$128.70	\$236.60	\$386.10	\$525.20	\$997.10	
\$140,000	\$15.40	\$16.80	\$21.00	\$30.80	\$50.40	\$74.20	\$121.80	\$138.60	\$254.80	\$415.80	\$565.60	\$1,073.80	
\$150,000	\$16.50	\$18.00	\$22.50	\$33.00	\$54.00	\$79.50	\$130.50	\$148.50	\$273.00	\$445.50	\$606.00	\$1,150.50	

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

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