



**Premiums for Voluntary Term Life and matching ADD Coverage**

**EMPLOYEE COVERAGE**

Use age as of 01/01/2016

Premiums will be deducted once a **MONTH** for employees

	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$10,000	\$0.75	\$0.75	\$0.95	\$1.35	\$1.95	\$3.25	\$5.25	\$6.95	\$10.45	\$24.15
\$20,000	\$1.50	\$1.50	\$1.90	\$2.70	\$3.90	\$6.50	\$10.50	\$13.90	\$20.90	\$48.30
\$25,000	\$1.88	\$1.88	\$2.38	\$3.38	\$4.88	\$8.13	\$13.13	\$17.38	\$26.13	\$60.38
\$30,000	\$2.25	\$2.25	\$2.85	\$4.05	\$5.85	\$9.75	\$15.75	\$20.85	\$31.35	\$72.45
\$40,000	\$3.00	\$3.00	\$3.80	\$5.40	\$7.80	\$13.00	\$21.00	\$27.80	\$41.80	\$96.60
\$50,000	\$3.75	\$3.75	\$4.75	\$6.75	\$9.75	\$16.25	\$26.25	\$34.75	\$52.25	\$120.75
\$60,000	\$4.50	\$4.50	\$5.70	\$8.10	\$11.70	\$19.50	\$31.50	\$41.70	\$62.70	\$144.90
\$70,000	\$5.25	\$5.25	\$6.65	\$9.45	\$13.65	\$22.75	\$36.75	\$48.65	\$73.15	\$169.05
\$75,000	\$5.63	\$5.63	\$7.13	\$10.13	\$14.63	\$24.38	\$39.38	\$52.13	\$78.38	\$181.13
\$80,000	\$6.00	\$6.00	\$7.60	\$10.80	\$15.60	\$26.00	\$42.00	\$55.60	\$83.60	\$193.20
\$90,000	\$6.75	\$6.75	\$8.55	\$12.15	\$17.55	\$29.25	\$47.25	\$62.55	\$94.05	\$217.35
\$100,000	\$7.50	\$7.50	\$9.50	\$13.50	\$19.50	\$32.50	\$52.50	\$69.50	\$104.50	\$241.50
\$110,000	\$8.25	\$8.25	\$10.45	\$14.85	\$21.45	\$35.75	\$57.75	\$76.45	\$114.95	\$265.65
\$120,000	\$9.00	\$9.00	\$11.40	\$16.20	\$23.40	\$39.00	\$63.00	\$83.40	\$125.40	\$289.80
\$125,000	\$9.38	\$9.38	\$11.88	\$16.88	\$24.38	\$40.63	\$65.63	\$86.88	\$130.63	\$301.88
\$130,000	\$9.75	\$9.75	\$12.35	\$17.55	\$25.35	\$42.25	\$68.25	\$90.35	\$135.85	\$313.95
\$135,000	\$10.13	\$10.13	\$12.83	\$18.23	\$26.33	\$43.88	\$70.88	\$93.83	\$141.08	\$326.03
\$140,000	\$10.50	\$10.50	\$13.30	\$18.90	\$27.30	\$45.50	\$73.50	\$97.30	\$146.30	\$338.10
\$150,000	\$11.25	\$11.25	\$14.25	\$20.25	\$29.25	\$48.75	\$78.75	\$104.25	\$156.75	\$362.25
\$175,000	\$13.13	\$13.13	\$16.63	\$23.63	\$34.13	\$56.88	\$91.88	\$121.63	\$182.88	\$422.63
\$200,000	\$15.00	\$15.00	\$19.00	\$27.00	\$39.00	\$65.00	\$105.00	\$139.00	\$209.00	\$483.00
\$250,000	\$18.75	\$18.75	\$23.75	\$33.75	\$48.75	\$81.25	\$131.25	\$170.75	\$261.25	\$603.75
\$300,000	\$22.50	\$22.50	\$28.50	\$40.50	\$58.50	\$97.50	\$157.50	\$208.50	\$313.50	\$724.50



**AUL's Group Voluntary Term Life Insurance Coverage Available to Eligible Dependents**

**Amount of Coverage Offered**

The amount of coverage for eligible dependents cannot exceed 100% of the employee's amount of coverage. Spouse and child(ren) coverage must be from the same option. Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

**Accelerated Life Benefit for Spouse**

**Suicide Limitation**

**Portability Option (If Employee continues coverage under this option)**

**Conversion Options**

**Eligible Dependents**

Any coverage for a spouse or child(ren) cannot become effective before the employee's coverage is approved. If a spouse or child is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on the date an employee's coverage is approved, that dependent coverage will not become effective until the spouse or child is released from such confinement and pursuant to the contract provisions.

**Dependent Voluntary Term Life Insurance Options<sup>1</sup>**

<b>Dependent Type</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>
Spouse	\$5,000	\$10,000	\$15,000	\$20,000
Dependent Child(ren) - live birth to age 26	\$2,500	\$5,000	\$7,500	\$10,000
<b>MONTHLY Dependent Group Voluntary Term Life Insurance Premiums<sup>1</sup></b>				
Family	\$2.00	\$4.00	\$6.00	\$8.00

\* Age and Definition of Child(ren) may vary by state.

<sup>1</sup>Coverage for child(ren) and spouses does terminate when they are no longer classified as dependents.