

TOWN OF WEYMOUTH VOLUNTARY TERM LIFE AND AD&D RATES

Must have Basic Life to sign up for Voluntary Life

ISSUE AGE OPTION

(rates remain the same)

*GUARANTEED ISSUE AMOUNTS

AGE	Under 70	70 & Over
Employee	\$ 150,000	\$ 10,000
Spouse	\$ 30,000	N/A
Dependent	\$10,000	

MONTHLY PREMIUM

Age	Monthly Premium Rate per 1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
<35	\$0.15	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50	\$21.00	\$22.50
35-39	\$0.18	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00	\$19.80	\$21.60	\$23.40	\$25.20	\$27.00
40-44	\$0.25	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50
45-49	\$0.37	\$3.70	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20	\$25.90	\$29.60	\$33.30	\$37.00	\$40.70	\$44.40	\$48.10	\$51.80	\$55.50
50-54	\$0.59	\$5.90	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$41.30	\$47.20	\$53.10	\$59.00	\$64.90	\$70.80	\$76.70	\$82.60	\$88.50
55-59	\$0.77	\$7.70	\$15.40	\$23.10	\$30.80	\$38.50	\$46.20	\$53.90	\$61.60	\$69.30	\$77.00	\$84.70	\$92.40	\$100.10	\$107.80	\$115.50
60-64	\$1.41	\$14.10	\$28.20	\$42.30	\$56.40	\$70.50	\$84.60	\$98.70	\$112.80	\$126.90	\$141.00	\$155.10	\$169.20	\$183.30	\$197.40	\$211.50
65-69	\$2.67	\$26.70	\$53.40	\$80.10	\$106.80	\$133.50	\$160.20	\$186.90	\$213.60	\$240.30	\$267.00	\$293.70	\$320.40	\$347.10	\$373.80	\$400.50
70-74	\$4.28	\$42.80	\$85.60	\$128.40	\$171.20	\$214.00	\$256.80	\$299.60	\$342.40	\$385.20	\$428.00	\$470.80	\$513.60	\$556.40	\$599.20	\$642.00
75+	\$7.50	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00	\$675.00	\$750.00	\$825.00	\$900.00	\$975.00	\$1,050.00	\$1,125.00

****EMPLOYEE MUST HAVE COVERAGE IN ORDER TO INSURE SPOUSE AND/OR CHILDREN****

- EMPLOYEE LIFE & AD&D = \$10,000 TO A MAXIMUM OF \$500,000 (NOT TO EXCEED 5 TIMES SALARY)
- SPOUSE LIFE & AD&D = \$5,000 TO A MAXIMUM OF \$100,000 (NOT TO EXCEED 50% OF EMPLOYEE BENEFIT)
- DEPENDENT (LIFE ONLY) = \$1,000 AGE 14 DAYS TO 1 YEAR; \$10,000 AGE 1 YEAR TO AGE 19 OR 25 IF FULL TIME STUDENT (\$1.90/MONTH)
- DEPENDENT CHILD(REN) - (LIFE ONLY) COVERAGE ALL GUARANTEE ISSUE

*Applicants requesting insurance over the Guaranteed Issue amount will require an Evidence of Insurability Form and Authorization to release medical information. These forms need to accompany the application.