TOWN OF BEDFORD VOLUNTARY TERM LIFE

(ISSUE AGE)

Must have Basic Life to sign up for Optional Life

GUARANTEED ISSUE AMOUNTS

AGE 18-54

55-69 70 & Over

Employee \$ 150,000

\$80,000 \$10,000

Spouse

\$ 50,000

\$30,000 NA

Dependent \$10,000

MONTHLY PREMIUM

													20pondom			
<u>Age</u>	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	\$0.13	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00	\$14.30	\$15.60	\$16.90	\$18.20	\$19.50
35-39	\$0.16	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00
40-44	\$0.22	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00	\$24.20	\$26.40	\$28.60	\$30.80	\$33.00
45-49	\$0.35	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00	\$38.50	\$42.00	\$45.50	\$49.00	\$52.50
50-54	\$0.57	\$5.70	\$11.40	\$17.10	\$22.80	\$28.50	\$34.20	\$39.90	\$45.60	\$51.30	\$57.00	\$62.70	\$68.40	\$74.10	\$79.80	\$85.50
55-59	\$0.93	\$9.30	\$18.60	\$27.90	\$37.20	\$46.50	\$55.80	\$65.10	\$74.40	\$83.70	\$93.00	\$102.30	\$111.60	\$120.90	\$130.20	\$139.50
60-64	\$1.36	\$13.60	\$27.20	\$40.80	\$54.40	\$68.00	\$81.60	\$95.20	\$108.80	\$122.40	\$136.00	\$149.60	\$163.20	\$176.80	\$190.40	\$204.00
65-69	\$2.26	\$22.60	\$45.20	\$67.80	\$90.40	\$113.00	\$135.60	\$158.20	\$180.80	\$203.40	\$226.00	\$248.60	\$271.20	\$293.80	\$316.40	\$339.00
70-74	\$3.93	\$39.30	\$78.60	\$117.90	\$157.20	\$196.50	\$235.80	\$275.10	\$314.40	\$353.70	\$393.00	\$432.30	\$471.60	\$510.90	\$550.20	\$589.50
75-79	\$6.48	\$64.80	\$129.60	\$194.40	\$259.20	\$324.00	\$388.80	\$453.60	\$518.40	\$583.20	\$648.00	\$712.80	\$777.60	\$842.40	\$907.20	\$972.00
>80	\$6.48	\$64.80	\$129.60	\$194.40	\$259.20	\$324.00	\$388.80	\$453.60	\$518.40	\$583.20	\$648.00	\$712.80	\$777.60	\$842.40	\$907.20	\$972.00

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

- EMPLOYEE LIFE = \$10,000 TO A MAXIMUM OF \$750,000 (NOT TO EXCEED 5 TIMES SALARY)
- SPOUSE LIFE = \$5,000 TO A MAXIMUM OF \$150,000 (NOT TO EXCEED 50% OF EMPLOYEE BENEFIT)
- * DEPENDENT (LIFE ONLY) = \$10,000 TO AGE 19 OR 25 IF FULL TIME STUDENT (\$1.80 PER MONTH FOR \$10,000)

Applicants requesting insurance amounts over the guaranteed issue amount will require an Evidence of Insurability Form and Authorization to Release Medical Information. These forms will need to accompany the application.