

VOLUNTARY GROUP LIFE AND AD&D

BLENDING PREMIUM RATE GRID

City of Woodstock



Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

You must be covered under the basic life plan sponsored by your employer in SD and VT.

Voluntary Life Insurance

Employee Benefit: **5 times annual salary to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 - \$250,000 in \$5,000 increments.**

The Spouse amount may elect up to 100% of the employee's benefit to a max of \$250,000

	Guarantee Issue*
Employee	\$ 120,000
Spouse	\$ 50,000

*Assumes 57% participation

Child(ren) Coverage

14 days to 21 years

(25 years if full time student)

\$2,000 - \$10,000 in \$1,000 increments.

Guarantee Issue: 50% of the employee's benefit up to \$10,000

Voluntary AD&D Insurance

Benefits from \$10,000 to \$500,000 in \$10,000 increments.

The Individual Plan covers you in the event of accidental death or dismemberment.

The Family Plan covers you, your spouse and your eligible dependent children.

The spouse benefit is equal to 50% of your benefit and the child benefit is 10% of your benefit.

Line of Duty Benefit

We will pay an additional 50% of your VAD&D amount, in the event of your death to your designated beneficiary if you incur a loss of life as the direct result of an injury sustained in a covered accident while employed as a Public Safety Officer and on Duty for the Policyholder. A Public Safety Officer means a person whose primary job duties include controlling or reducing crime, criminal law enforcement and fire suppression.

Semi Monthly Premium Cost (Based on 24 payroll deductions per year)

Voluntary Life Blended	
Monthly rates per \$1,000	
Age	Rates
Under 30	\$0.07
30-34	\$0.08
35-39	\$0.10
40-44	\$0.15
45-49	\$0.21
50-54	\$0.36
55-59	\$0.53
60-64	\$0.83
65-69	\$1.55
70-74	\$2.09
75 and over	\$3.71
Voluntary AD&D	
Monthly rates per \$1,000	
Individual Plan	\$0.03
Family Plan	\$0.05
Dependent Life (Children)	
Monthly rates per Family	
\$2,000	0.40
\$3,000	0.60
\$4,000	0.80
\$5,000	1.00
\$6,000	1.20
\$7,000	1.40
\$8,000	1.60
\$9,000	1.80
\$10,000	2.00

Benefit Amount	VAD&D		ATTAINED AGE											
	IND	FAM	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$10,000	\$0.15	\$0.25	\$ 0.35	\$ 0.40	\$ 0.50	\$ 0.75	\$ 1.05	\$ 1.80	\$ 2.65	\$ 4.15	\$ 7.75	\$ 10.45	\$ 18.55	
\$20,000	\$0.30	\$0.50	\$0.70	\$0.80	\$1.00	\$1.50	\$2.10	\$3.60	\$5.30	\$8.30	\$15.50	\$20.90	\$37.10	
\$30,000	\$0.45	\$0.75	\$1.05	\$1.20	\$1.50	\$2.25	\$3.15	\$5.40	\$7.95	\$12.45	\$23.25	\$31.35	\$55.65	
\$40,000	\$0.60	\$1.00	\$1.40	\$1.60	\$2.00	\$3.00	\$4.20	\$7.20	\$10.60	\$16.60	\$31.00	\$41.80	\$74.20	
\$50,000	\$0.75	\$1.25	\$1.75	\$2.00	\$2.50	\$3.75	\$5.25	\$9.00	\$13.25	\$20.75	\$38.75	\$52.25	\$92.75	
\$60,000	\$0.90	\$1.50	\$2.10	\$2.40	\$3.00	\$4.50	\$6.30	\$10.80	\$15.90	\$24.90	\$46.50	\$62.70	\$111.30	
\$70,000	\$1.05	\$1.75	\$2.45	\$2.80	\$3.50	\$5.25	\$7.35	\$12.60	\$18.55	\$29.05	\$54.25	\$73.15	\$129.85	
\$80,000	\$1.20	\$2.00	\$2.80	\$3.20	\$4.00	\$6.00	\$8.40	\$14.40	\$21.20	\$33.20	\$62.00	\$83.60	\$148.40	
\$90,000	\$1.35	\$2.25	\$3.15	\$3.60	\$4.50	\$6.75	\$9.45	\$16.20	\$23.85	\$37.35	\$69.75	\$94.05	\$166.95	
\$100,000	\$1.50	\$2.50	\$3.50	\$4.00	\$5.00	\$7.50	\$10.50	\$18.00	\$26.50	\$41.50	\$77.50	\$104.50	\$185.50	
\$110,000	\$1.65	\$2.75	\$3.85	\$4.40	\$5.50	\$8.25	\$11.55	\$19.80	\$29.15	\$45.65	\$85.25	\$114.95	\$204.05	
\$120,000	\$1.80	\$3.00	\$4.20	\$4.80	\$6.00	\$9.00	\$12.60	\$21.60	\$31.80	\$49.80	\$93.00	\$125.40	\$222.60	
\$130,000	\$1.95	\$3.25	\$4.55	\$5.20	\$6.50	\$9.75	\$13.65	\$23.40	\$34.45	\$53.95	\$100.75	\$135.85	\$241.15	
\$140,000	\$2.10	\$3.50	\$4.90	\$5.60	\$7.00	\$10.50	\$14.70	\$25.20	\$37.10	\$58.10	\$108.50	\$146.30	\$259.70	
\$150,000	\$2.25	\$3.75	\$5.25	\$6.00	\$7.50	\$11.25	\$15.75	\$27.00	\$39.75	\$62.25	\$116.25	\$156.75	\$278.25	
\$200,000	\$3.00	\$5.00	\$7.00	\$8.00	\$10.00	\$15.00	\$21.00	\$36.00	\$53.00	\$83.00	\$155.00	\$209.00	\$371.00	
\$250,000	\$3.75	\$6.25	\$8.75	\$10.00	\$12.50	\$18.75	\$26.25	\$45.00	\$66.25	\$103.75	\$193.75	\$261.25	\$463.75	
\$300,000	\$4.50	\$7.50	\$10.50	\$12.00	\$15.00	\$22.50	\$31.50	\$54.00	\$79.50	\$124.50	\$232.50	\$313.50	\$556.50	
\$350,000	\$5.25	\$8.75	\$12.25	\$14.00	\$17.50	\$26.25	\$36.75	\$63.00	\$92.75	\$145.25	\$271.25	\$365.75	\$649.25	
\$400,000	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$30.00	\$42.00	\$72.00	\$106.00	\$166.00	\$310.00	\$418.00	\$742.00	
\$450,000	\$6.75	\$11.25	\$15.75	\$18.00	\$22.50	\$33.75	\$47.25	\$81.00	\$119.25	\$186.75	\$348.75	\$470.25	\$834.75	
\$500,000	\$7.50	\$12.50	\$17.50	\$20.00	\$25.00	\$37.50	\$52.50	\$90.00	\$132.50	\$207.50	\$387.50	\$522.50	\$927.50	

Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000

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

Vlife/blend-w/add/24

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