

# Plan Highlights

## Voluntary Group Term Life Insurance



Walpole, Inc.

### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**Dependents:** You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

- Your legal spouse under age 70.
- Your unmarried financially dependent children\* age 14 days to 20 years (to 26 years if full-time student).

\*natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.

Upper age limits do not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent.

Only one insured spouse may cover Dependent children.

### BENEFIT AMOUNT

**Employee and Spouse:** Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

**Eligible Dependent Child(ren):** Age 14 days to 6 months: \$1,000

Age 6 months to 20 years of age (26, if full-time student): choice of \$2,500, \$5,000; \$7,500 or \$10,000

Choose one benefit amount for all eligible children in family.

### GUARANTEE ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

**Employee:**

Under age 60: \$80,000

Age 60 but under age 70: \$10,000

Age 70 or older: none

**Spouse:**

Under age 60: \$30,000

Age 60 or older: none

Guarantee Issue is subject to underwriting rules and is not available in all circumstances.

### CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

### RATE

See attached Rate Sheet.

### BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

### FEATURES

- Living Benefit Rider (expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- Portability
- Waiver of Premium

### EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.

**EMPLOYER:** We do not accept faxed applications.  
 Submit completed applications for insurance to:  
 Reliance Standard  
 PO BOX 7818 PHILA PA 19101

Walpole, Inc.

**PART. UNIT # VG 003010**  
**BILL GROUP 0001**  
**RGO # 757**

**TERM LIFE INSURANCE APPLICATION**

**HOW TO APPLY:**

**COMPLETE IN INK. PLEASE PRINT OR TYPE ALL INFORMATION, WITH THE EXCEPTION OF SIGNATURES.**

- For the Guaranteed Issue Amount, complete **Sections A and B**.
- If you desire coverage in excess of the Guaranteed Issue Amount, or you are a late enrollee, complete **Sections A, B and C**.
- If you desire coverage on your spouse only and/or your children, complete **all Sections** of the application.
- Please sign and date the back of this application.
- Return the application to your personnel office for processing.

**A**  
 Applicant's Name (First-Middle-Last)  Male  Female

Address  
 City State Zip

Birthdate	Age	State of Birth	Soc. Sec. No.
Height	Weight	Occupation	Date Hired

Amount of Coverage Applied For \$ \_\_\_\_\_  
 Initial Application (with RSL)  
 Change in Amount of Coverage (with RSL)  
 Total Amount with Change \$ \_\_\_\_\_

**Name of Beneficiary and Relationship**  
 \_\_\_\_\_  
 \_\_\_\_\_

**B** Are you actively performing all the duties of your occupation or profession?  YES  NO  
 IF NO, EXPLAIN.  
 \_\_\_\_\_

Is this insurance now applied for intended to replace, in whole or in part, any insurance on the life of the applicant, spouse or dependent children?  YES  NO

IF YES, PROVIDE NAME OF COMPANY AND AMOUNT OF INSURANCE.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Guaranteed Issue Amounts-**  
 Initial Enrollment or Newly Eligible:  
 Employee Under Age 60: \$ 80,000  
 Employee Age 60 but Under Age 70: \$ 10,000  
 Spouse Under Age 60: \$ 30,000

**D** Spouse's Name (First-Middle-Last)  Male  Female

Address  
 City State Zip

Birthdate	Age	State of Birth	Height	Weight
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Amount of Coverage Applied For \$ \_\_\_\_\_  
 Initial Application (with RSL)  
 Change in Amount of Coverage (with RSL)  
 Total Amount with Change \$ \_\_\_\_\_

**Eligible Dep. Children Coverage:**  YES  NO

**If Dependent Children are to be covered, please select an amount below:**  
 All children age 14 days to 6 months: \$1,000  
 All children age 6 months to 26 years:  
 \$2500  \$5000  \$7500  \$10,000

(Unless otherwise listed below, employee is automatically the Beneficiary for Dependent Life Insurance.)

**Name of Beneficiary and Relationship**  
 \_\_\_\_\_  
 \_\_\_\_\_

- C** Have... You or your spouse had or been diagnosed by a physician as having any of the following within the past five years:
- |  |   |
|--|---|
| <b>1</b> Consultation with any physician or received any medical care, treatment or advice? <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>2</b> To the best of your knowledge, any physical impairment or disease? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| <b>3</b> AIDS, AIDS related complex, or disorder of the immune system? <input type="checkbox"/> YES <input type="checkbox"/> NO                      | <b>4</b> A disease of the nervous, genitourinary or digestive systems, heart or lungs, high blood pressure, diabetes, cancer or a tumor of any kind? <input type="checkbox"/> YES <input type="checkbox"/> NO |

**If you answered YES to any of the questions in Section C, give details in #5 below.**

5 Question #	Person to Whom It Applies	Illness or Nature of Injury	Date	Doctor's Full Name and Address

- I REPRESENT** that to the best of my knowledge and belief each of the statements and answers is complete and true. I understand that coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though applications have been completed. I understand that only Reliance Standard has the authority to issue insurance coverage. If coverage is issued, Reliance Standard will provide a Certificate of Insurance (or, in some states, an individual Policy) for the employee showing the personal effective date of insurance. No insurance is in effect prior to the personal effective date and such effective date is applicable only if on that date the employee: is eligible for the coverage; has satisfied any service waiting period required by the employer; and the first premium for the coverage is paid when due. Additionally, the effective date may be deferred in accordance with coverage provisions regarding an employee who is not actively at work on the date coverage would otherwise go into effect and any enrolled dependent who is confined in a hospital or at home on the date coverage would otherwise go into effect.
- I CERTIFY** that I am an employee of the sponsoring organization or otherwise meet the eligibility requirements for applying for this insurance.
- I AUTHORIZE** my employer to deduct the applicable premium from my salary as consideration for Term Life Insurance on me and/or my family issued by Reliance Standard. If deduction of premium(s) should occur prior to Reliance Standard processing this application, I understand that it does not mean that coverage is in effect (premium(s) paid for coverage not issued will be returned). I authorize Reliance Standard to adjust these deductions based on underwriting changes, or rate changes resulting from age changes. During the continuance of this agreement, my employer will forward the premium to Reliance Standard as it falls due. This authorization may be revoked by me by written notice to my employer.
- I ACKNOWLEDGE** receipt of the "Notice Regarding Information Practices".
- I AUTHORIZE** any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, organization, institution, person or the Medical Information Bureau (MIB) to release any information or records(s) on me or my health to be used in determining the acceptability of my application for insurance. I authorize any such information or record(s) to be released to Reliance Standard Life Insurance Company, its reinsurers or authorized representatives. I also authorize Reliance Standard or its reinsurers to make a brief report to the MIB. This authorization, or a photographic copy, shall be binding as the original and valid for a period not exceeding twelve (12) months from this date. I understand that I may elect to be interviewed if an investigative consumer report is to be prepared in connection with this application and that I am entitled to a copy thereof. I further understand that I am entitled to receive a copy of this Authorization upon request.
- PLEASE NOTE:** During an approved enrollment, guaranteed issue amounts of insurance will not require medical evidence provided this application is complete, signed and received by your employer during the enrollment period and the applicant was not previously declined for insurance coverage by Reliance Standard, postponed, had an application withdrawn or voluntarily terminated insurance with Reliance Standard.

**Please review the front of the application for completeness before signing. Incomplete sections may cause coverage to be delayed or declined.**

Signature	X _____	_____
	Applicant	Date
	X _____	_____
	Spouse (only if coverage on spouse is requested)	Date

**REQUEST TO WAIVE COVERAGES OFFERED**

I certify that I have been advised of the features and benefits of the program offered to me through my employer and have decided not to participate.

X _____	_____
EMPLOYEE SIGNATURE	Date

**Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

**Reliance Standard Voluntary Plans  
Voluntary Group Term Life Insurance  
Premium Table  
Plan Holder: Walpole, Inc. - VG # 003010**

**Scheduled Benefit:** Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

**To find you and your spouse's premium -**

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 75 and older: see above comment - **do not select a calculated reduced amount**).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday. Your spouse must be under age 70 to be enrolled.
- Employee and spouse rates change as insured moves from one age bracket to the next.

**Weekly Premiums**

Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.22	\$0.27	\$0.37	\$0.51	\$0.91	\$1.36	\$1.90	\$2.99	\$4.63	\$9.23	\$0.00	\$0.00
\$20,000	\$0.43	\$0.54	\$0.73	\$1.02	\$1.82	\$2.72	\$3.80	\$5.98	\$9.26	\$18.46	\$0.00	\$0.00
\$30,000	\$0.65	\$0.80	\$1.10	\$1.52	\$2.73	\$4.08	\$5.70	\$8.97	\$13.89	\$27.69	\$0.00	\$0.00
\$40,000	\$0.87	\$1.07	\$1.47	\$2.03	\$3.65	\$5.44	\$7.61	\$11.96	\$18.52	\$36.92	\$0.00	\$0.00
\$50,000	\$1.08	\$1.34	\$1.83	\$2.54	\$4.56	\$6.80	\$9.51	\$14.95	\$23.15	\$46.15	\$0.00	\$0.00
\$60,000	\$1.30	\$1.61	\$2.20	\$3.05	\$5.47	\$8.16	\$11.41	\$17.94	\$27.78	\$55.38	\$0.00	\$0.00
\$70,000	\$1.52	\$1.87	\$2.57	\$3.55	\$6.38	\$9.51	\$13.31	\$20.94	\$32.40	\$64.62	\$0.00	\$0.00
\$80,000	\$1.74	\$2.14	\$2.94	\$4.06	\$7.29	\$10.87	\$15.21	\$23.93	\$37.03	\$73.85	\$0.00	\$0.00
\$90,000	\$1.95	\$2.41	\$3.30	\$4.57	\$8.20	\$12.23	\$17.11	\$26.92	\$41.66	\$83.08	\$0.00	\$0.00
\$100,000	\$2.17	\$2.68	\$3.67	\$5.08	\$9.12	\$13.59	\$19.02	\$29.91	\$46.29	\$92.31	\$0.00	\$0.00
\$110,000	\$2.39	\$2.94	\$4.04	\$5.58	\$10.03	\$14.95	\$20.92	\$32.90	\$50.92	\$101.54	\$0.00	\$0.00
\$120,000	\$2.60	\$3.21	\$4.40	\$6.09	\$10.94	\$16.31	\$22.82	\$35.89	\$55.55	\$110.77	\$0.00	\$0.00
\$130,000	\$2.82	\$3.48	\$4.77	\$6.60	\$11.85	\$17.67	\$24.72	\$38.88	\$60.18	\$120.00	\$0.00	\$0.00
\$140,000	\$3.04	\$3.75	\$5.14	\$7.11	\$12.76	\$19.03	\$26.62	\$41.87	\$64.81	\$129.23	\$0.00	\$0.00
\$150,000	\$3.25	\$4.02	\$5.50	\$7.62	\$13.67	\$20.39	\$28.52	\$44.86	\$69.44	\$138.46	\$0.00	\$0.00
\$160,000	\$3.47	\$4.28	\$5.87	\$8.12	\$14.58	\$21.75	\$30.42	\$47.85	\$74.07	\$147.69	\$0.00	\$0.00
\$170,000	\$3.69	\$4.55	\$6.24	\$8.63	\$15.50	\$23.11	\$32.33	\$50.84	\$78.70	\$156.92	\$0.00	\$0.00
\$180,000	\$3.90	\$4.82	\$6.60	\$9.14	\$16.41	\$24.47	\$34.23	\$53.83	\$83.33	\$166.15	\$0.00	\$0.00
\$190,000	\$4.12	\$5.09	\$6.97	\$9.65	\$17.32	\$25.83	\$36.13	\$56.82	\$87.96	\$175.38	\$0.00	\$0.00
\$200,000	\$4.34	\$5.35	\$7.34	\$10.15	\$18.23	\$27.18	\$38.03	\$59.82	\$92.58	\$184.62	\$0.00	\$0.00
\$210,000	\$4.56	\$5.62	\$7.71	\$10.66	\$19.14	\$28.54	\$39.93	\$62.81	\$97.21	\$193.85	\$0.00	\$0.00
\$220,000	\$4.77	\$5.89	\$8.07	\$11.17	\$20.05	\$29.90	\$41.83	\$65.80	\$101.84	\$203.08	\$0.00	\$0.00
\$230,000	\$4.99	\$6.16	\$8.44	\$11.68	\$20.97	\$31.26	\$43.74	\$68.79	\$106.47	\$212.31	\$0.00	\$0.00
\$240,000	\$5.21	\$6.42	\$8.81	\$12.18	\$21.88	\$32.62	\$45.64	\$71.78	\$111.10	\$221.54	\$0.00	\$0.00
\$250,000	\$5.42	\$6.69	\$9.17	\$12.69	\$22.79	\$33.98	\$47.54	\$74.77	\$115.73	\$230.77	\$0.00	\$0.00

## Weekly Premiums

Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$260,000	\$5.64	\$6.96	\$9.54	\$13.20	\$23.70	\$35.34	\$49.44	\$77.76	\$120.36	\$240.00	\$0.00	\$0.00
\$270,000	\$5.86	\$7.23	\$9.91	\$13.71	\$24.61	\$36.70	\$51.34	\$80.75	\$124.99	\$249.23	\$0.00	\$0.00
\$280,000	\$6.07	\$7.50	\$10.27	\$14.22	\$25.52	\$38.06	\$53.24	\$83.74	\$129.62	\$258.46	\$0.00	\$0.00
\$290,000	\$6.29	\$7.76	\$10.64	\$14.72	\$26.43	\$39.42	\$55.14	\$86.73	\$134.25	\$267.69	\$0.00	\$0.00
\$300,000	\$6.51	\$8.03	\$11.01	\$15.23	\$27.35	\$40.78	\$57.05	\$89.72	\$138.88	\$276.92	\$0.00	\$0.00
\$310,000	\$6.72	\$8.30	\$11.37	\$15.74	\$28.26	\$42.14	\$58.95	\$92.71	\$143.51	\$286.15	\$0.00	\$0.00
\$320,000	\$6.94	\$8.57	\$11.74	\$16.25	\$29.17	\$43.50	\$60.85	\$95.70	\$148.14	\$295.38	\$0.00	\$0.00
\$330,000	\$7.16	\$8.83	\$12.11	\$16.75	\$30.08	\$44.85	\$62.75	\$98.70	\$152.76	\$304.62	\$0.00	\$0.00
\$340,000	\$7.38	\$9.10	\$12.48	\$17.26	\$30.99	\$46.21	\$64.65	\$101.69	\$157.39	\$313.85	\$0.00	\$0.00
\$350,000	\$7.59	\$9.37	\$12.84	\$17.77	\$31.90	\$47.57	\$66.55	\$104.68	\$162.02	\$323.08	\$0.00	\$0.00
\$360,000	\$7.81	\$9.64	\$13.21	\$18.28	\$32.82	\$48.93	\$68.46	\$107.67	\$166.65	\$332.31	\$0.00	\$0.00
\$370,000	\$8.03	\$9.90	\$13.58	\$18.78	\$33.73	\$50.29	\$70.36	\$110.66	\$171.28	\$341.54	\$0.00	\$0.00
\$380,000	\$8.24	\$10.17	\$13.94	\$19.29	\$34.64	\$51.65	\$72.26	\$113.65	\$175.91	\$350.77	\$0.00	\$0.00
\$390,000	\$8.46	\$10.44	\$14.31	\$19.80	\$35.55	\$53.01	\$74.16	\$116.64	\$180.54	\$360.00	\$0.00	\$0.00
\$400,000	\$8.68	\$10.71	\$14.68	\$20.31	\$36.46	\$54.37	\$76.06	\$119.63	\$185.17	\$369.23	\$0.00	\$0.00
\$410,000	\$8.89	\$10.98	\$15.04	\$20.82	\$37.37	\$55.73	\$77.96	\$122.62	\$189.80	\$378.46	\$0.00	\$0.00
\$420,000	\$9.11	\$11.24	\$15.41	\$21.32	\$38.28	\$57.09	\$79.86	\$125.61	\$194.43	\$387.69	\$0.00	\$0.00
\$430,000	\$9.33	\$11.51	\$15.78	\$21.83	\$39.20	\$58.45	\$81.77	\$128.60	\$199.06	\$396.92	\$0.00	\$0.00
\$440,000	\$9.54	\$11.78	\$16.14	\$22.34	\$40.11	\$59.81	\$83.67	\$131.59	\$203.69	\$406.15	\$0.00	\$0.00
\$450,000	\$9.76	\$12.05	\$16.51	\$22.85	\$41.02	\$61.17	\$85.57	\$134.58	\$208.32	\$415.38	\$0.00	\$0.00
\$460,000	\$9.98	\$12.31	\$16.88	\$23.35	\$41.93	\$62.52	\$87.47	\$137.58	\$212.94	\$424.62	\$0.00	\$0.00
\$470,000	\$10.20	\$12.58	\$17.25	\$23.86	\$42.84	\$63.88	\$89.37	\$140.57	\$217.57	\$433.85	\$0.00	\$0.00
\$480,000	\$10.41	\$12.85	\$17.61	\$24.37	\$43.75	\$65.24	\$91.27	\$143.56	\$222.20	\$443.08	\$0.00	\$0.00
\$490,000	\$10.63	\$13.12	\$17.98	\$24.88	\$44.67	\$66.60	\$93.18	\$146.55	\$226.83	\$452.31	\$0.00	\$0.00
\$500,000	\$10.85	\$13.38	\$18.35	\$25.38	\$45.58	\$67.96	\$95.08	\$149.54	\$231.46	\$461.54	\$0.00	\$0.00

**DEPENDENT CHILD(REN) Weekly PREMIUMS:**

Benefit Amount	Premium
\$2,500	\$0.18
\$5,000	\$0.27
\$7,500	\$0.37
\$10,000	\$0.46

*(One rate for all eligible children in family, regardless of number)*

**PREMIUM CALCULATION (Add your elections here):**

Employee Premium	
Spouse Premium	
Dependent Children Premium	
<b>Total Premium</b>	

*(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).*

**Please read this important information:**

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.
- Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.

**Rates are subject to change.**

**Reliance Standard Voluntary Plans  
Voluntary Group Term Life Insurance  
Premium Table  
Plan Holder: Walpole, Inc. - VG # 003010**

**Scheduled Benefit:** Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

**To find you and your spouse's premium -**

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 75 and older: see above comment - **do not select a calculated reduced amount**).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday. Your spouse must be under age 70 to be enrolled.
- Employee and spouse rates change as insured moves from one age bracket to the next.

**Monthly Premiums**

Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.94	\$1.16	\$1.59	\$2.20	\$3.95	\$5.89	\$8.24	\$12.96	\$20.06	\$40.00	\$0.00	\$0.00
\$20,000	\$1.88	\$2.32	\$3.18	\$4.40	\$7.90	\$11.78	\$16.48	\$25.92	\$40.12	\$80.00	\$0.00	\$0.00
\$30,000	\$2.82	\$3.48	\$4.77	\$6.60	\$11.85	\$17.67	\$24.72	\$38.88	\$60.18	\$120.00	\$0.00	\$0.00
\$40,000	\$3.76	\$4.64	\$6.36	\$8.80	\$15.80	\$23.56	\$32.96	\$51.84	\$80.24	\$160.00	\$0.00	\$0.00
\$50,000	\$4.70	\$5.80	\$7.95	\$11.00	\$19.75	\$29.45	\$41.20	\$64.80	\$100.30	\$200.00	\$0.00	\$0.00
\$60,000	\$5.64	\$6.96	\$9.54	\$13.20	\$23.70	\$35.34	\$49.44	\$77.76	\$120.36	\$240.00	\$0.00	\$0.00
\$70,000	\$6.58	\$8.12	\$11.13	\$15.40	\$27.65	\$41.23	\$57.68	\$90.72	\$140.42	\$280.00	\$0.00	\$0.00
\$80,000	\$7.52	\$9.28	\$12.72	\$17.60	\$31.60	\$47.12	\$65.92	\$103.68	\$160.48	\$320.00	\$0.00	\$0.00
\$90,000	\$8.46	\$10.44	\$14.31	\$19.80	\$35.55	\$53.01	\$74.16	\$116.64	\$180.54	\$360.00	\$0.00	\$0.00
\$100,000	\$9.40	\$11.60	\$15.90	\$22.00	\$39.50	\$58.90	\$82.40	\$129.60	\$200.60	\$400.00	\$0.00	\$0.00
\$110,000	\$10.34	\$12.76	\$17.49	\$24.20	\$43.45	\$64.79	\$90.64	\$142.56	\$220.66	\$440.00	\$0.00	\$0.00
\$120,000	\$11.28	\$13.92	\$19.08	\$26.40	\$47.40	\$70.68	\$98.88	\$155.52	\$240.72	\$480.00	\$0.00	\$0.00
\$130,000	\$12.22	\$15.08	\$20.67	\$28.60	\$51.35	\$76.57	\$107.12	\$168.48	\$260.78	\$520.00	\$0.00	\$0.00
\$140,000	\$13.16	\$16.24	\$22.26	\$30.80	\$55.30	\$82.46	\$115.36	\$181.44	\$280.84	\$560.00	\$0.00	\$0.00
\$150,000	\$14.10	\$17.40	\$23.85	\$33.00	\$59.25	\$88.35	\$123.60	\$194.40	\$300.90	\$600.00	\$0.00	\$0.00
\$160,000	\$15.04	\$18.56	\$25.44	\$35.20	\$63.20	\$94.24	\$131.84	\$207.36	\$320.96	\$640.00	\$0.00	\$0.00
\$170,000	\$15.98	\$19.72	\$27.03	\$37.40	\$67.15	\$100.13	\$140.08	\$220.32	\$341.02	\$680.00	\$0.00	\$0.00
\$180,000	\$16.92	\$20.88	\$28.62	\$39.60	\$71.10	\$106.02	\$148.32	\$233.28	\$361.08	\$720.00	\$0.00	\$0.00
\$190,000	\$17.86	\$22.04	\$30.21	\$41.80	\$75.05	\$111.91	\$156.56	\$246.24	\$381.14	\$760.00	\$0.00	\$0.00
\$200,000	\$18.80	\$23.20	\$31.80	\$44.00	\$79.00	\$117.80	\$164.80	\$259.20	\$401.20	\$800.00	\$0.00	\$0.00
\$210,000	\$19.74	\$24.36	\$33.39	\$46.20	\$82.95	\$123.69	\$173.04	\$272.16	\$421.26	\$840.00	\$0.00	\$0.00
\$220,000	\$20.68	\$25.52	\$34.98	\$48.40	\$86.90	\$129.58	\$181.28	\$285.12	\$441.32	\$880.00	\$0.00	\$0.00
\$230,000	\$21.62	\$26.68	\$36.57	\$50.60	\$90.85	\$135.47	\$189.52	\$298.08	\$461.38	\$920.00	\$0.00	\$0.00
\$240,000	\$22.56	\$27.84	\$38.16	\$52.80	\$94.80	\$141.36	\$197.76	\$311.04	\$481.44	\$960.00	\$0.00	\$0.00
\$250,000	\$23.50	\$29.00	\$39.75	\$55.00	\$98.75	\$147.25	\$206.00	\$324.00	\$501.50	\$1,000.00	\$0.00	\$0.00

## Monthly Premiums

Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$260,000	\$24.44	\$30.16	\$41.34	\$57.20	\$102.70	\$153.14	\$214.24	\$336.96	\$521.56	\$1,040.00	\$0.00	\$0.00
\$270,000	\$25.38	\$31.32	\$42.93	\$59.40	\$106.65	\$159.03	\$222.48	\$349.92	\$541.62	\$1,080.00	\$0.00	\$0.00
\$280,000	\$26.32	\$32.48	\$44.52	\$61.60	\$110.60	\$164.92	\$230.72	\$362.88	\$561.68	\$1,120.00	\$0.00	\$0.00
\$290,000	\$27.26	\$33.64	\$46.11	\$63.80	\$114.55	\$170.81	\$238.96	\$375.84	\$581.74	\$1,160.00	\$0.00	\$0.00
\$300,000	\$28.20	\$34.80	\$47.70	\$66.00	\$118.50	\$176.70	\$247.20	\$388.80	\$601.80	\$1,200.00	\$0.00	\$0.00
\$310,000	\$29.14	\$35.96	\$49.29	\$68.20	\$122.45	\$182.59	\$255.44	\$401.76	\$621.86	\$1,240.00	\$0.00	\$0.00
\$320,000	\$30.08	\$37.12	\$50.88	\$70.40	\$126.40	\$188.48	\$263.68	\$414.72	\$641.92	\$1,280.00	\$0.00	\$0.00
\$330,000	\$31.02	\$38.28	\$52.47	\$72.60	\$130.35	\$194.37	\$271.92	\$427.68	\$661.98	\$1,320.00	\$0.00	\$0.00
\$340,000	\$31.96	\$39.44	\$54.06	\$74.80	\$134.30	\$200.26	\$280.16	\$440.64	\$682.04	\$1,360.00	\$0.00	\$0.00
\$350,000	\$32.90	\$40.60	\$55.65	\$77.00	\$138.25	\$206.15	\$288.40	\$453.60	\$702.10	\$1,400.00	\$0.00	\$0.00
\$360,000	\$33.84	\$41.76	\$57.24	\$79.20	\$142.20	\$212.04	\$296.64	\$466.56	\$722.16	\$1,440.00	\$0.00	\$0.00
\$370,000	\$34.78	\$42.92	\$58.83	\$81.40	\$146.15	\$217.93	\$304.88	\$479.52	\$742.22	\$1,480.00	\$0.00	\$0.00
\$380,000	\$35.72	\$44.08	\$60.42	\$83.60	\$150.10	\$223.82	\$313.12	\$492.48	\$762.28	\$1,520.00	\$0.00	\$0.00
\$390,000	\$36.66	\$45.24	\$62.01	\$85.80	\$154.05	\$229.71	\$321.36	\$505.44	\$782.34	\$1,560.00	\$0.00	\$0.00
\$400,000	\$37.60	\$46.40	\$63.60	\$88.00	\$158.00	\$235.60	\$329.60	\$518.40	\$802.40	\$1,600.00	\$0.00	\$0.00
\$410,000	\$38.54	\$47.56	\$65.19	\$90.20	\$161.95	\$241.49	\$337.84	\$531.36	\$822.46	\$1,640.00	\$0.00	\$0.00
\$420,000	\$39.48	\$48.72	\$66.78	\$92.40	\$165.90	\$247.38	\$346.08	\$544.32	\$842.52	\$1,680.00	\$0.00	\$0.00
\$430,000	\$40.42	\$49.88	\$68.37	\$94.60	\$169.85	\$253.27	\$354.32	\$557.28	\$862.58	\$1,720.00	\$0.00	\$0.00
\$440,000	\$41.36	\$51.04	\$69.96	\$96.80	\$173.80	\$259.16	\$362.56	\$570.24	\$882.64	\$1,760.00	\$0.00	\$0.00
\$450,000	\$42.30	\$52.20	\$71.55	\$99.00	\$177.75	\$265.05	\$370.80	\$583.20	\$902.70	\$1,800.00	\$0.00	\$0.00
\$460,000	\$43.24	\$53.36	\$73.14	\$101.20	\$181.70	\$270.94	\$379.04	\$596.16	\$922.76	\$1,840.00	\$0.00	\$0.00
\$470,000	\$44.18	\$54.52	\$74.73	\$103.40	\$185.65	\$276.83	\$387.28	\$609.12	\$942.82	\$1,880.00	\$0.00	\$0.00
\$480,000	\$45.12	\$55.68	\$76.32	\$105.60	\$189.60	\$282.72	\$395.52	\$622.08	\$962.88	\$1,920.00	\$0.00	\$0.00
\$490,000	\$46.06	\$56.84	\$77.91	\$107.80	\$193.55	\$288.61	\$403.76	\$635.04	\$982.94	\$1,960.00	\$0.00	\$0.00
\$500,000	\$47.00	\$58.00	\$79.50	\$110.00	\$197.50	\$294.50	\$412.00	\$648.00	\$1,003.00	\$2,000.00	\$0.00	\$0.00

### DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$2,500	\$0.79
\$5,000	\$1.19
\$7,500	\$1.59
\$10,000	\$1.99

(One rate for all eligible children in family, regardless of number)

### PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Children Premium	
<b>Total Premium</b>	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

### Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.
- Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.

**Rates are subject to change.**