



Underwritten by:
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

HRnovations
 Policy #151424

SUPPLEMENTAL LIFE INSURANCE RATES

Age	Employee per \$10,000 of Insurance		Spouse per \$5,000 of Insurance	Child* per \$2,000 of Insurance
	Non-Tobacco Rate	Tobacco Rate		
< 24	\$0.500	\$0.740	\$0.335	\$0.846
25 – 29	\$0.570	\$0.840	\$0.385	*premium paid for child coverage is based on the cost for one child regardless of the number of children
30 – 34	\$0.700	\$1.050	\$0.485	
35 – 39	\$0.970	\$1.570	\$0.705	
40 – 44	\$1.350	\$2.380	\$1.010	
45 – 49	\$2.150	\$3.760	\$1.580	
50 – 54	\$3.300	\$6.350	\$2.465	
55 – 59	\$5.380	\$8.950	\$3.780	
60 – 64	\$8.600	\$13.380	\$6.465	
65 – 69	\$15.090	\$22.390	\$11.045	
70 – 74	\$27.240	\$39.350	\$19.680	
75 +	\$55.160	\$71.170	\$39.420	

To calculate the monthly cost for this coverage, complete the calculations below.

Coverage Amount	Your Rate	Monthly Cost
Employee \$ _____ ÷ \$10,000	X _____	= \$ _____
Spouse \$ _____ ÷ \$5,000	X _____	= \$ _____
Child/ren* \$ _____ ÷ \$2,000	X _____	= \$ _____

Final cost may vary slightly due to rounding.