El Paso Independent School District Premium Worksheet

The Hartford

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/year)

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	$0.0400	$0.0320	$0.0410	$0.0620	$0.0880	$0.1410	$0.2130	$0.2970	$0.3730	$0.4940	$1.1880	$1.1880

To calculate your monthly premium amount, use the following formula.

_____ ÷ $1,000 _____ x _____ = _____

Benefit Amount | Rate | Premium Amount

SPOUSE/PARTNER VOLUNTARY TERM LIFE INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/year)

Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
$2,000	$0.50	$8,000	$2.00	$14,000	$3.50	$20,000	$5.00
$4,000	$1.00	$10,000	$2.50	$16,000	$4.00		
$6,000	$1.50	$12,000	$3.00	$18,000	$4.50		

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/year)

Benefit Amount	Cost For All Children
$2,000	$0.75