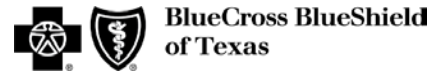


**SUPPLEMENTAL GROUP LIFE AND AD&D**  
**PREMIUM RATE GRID**



**Galena Park ISD / TEEBC Trust F021842 - 19135**

**Eligibility**

All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first day of the month following the date of hire.

**Supplemental Life/AD&D Insurance**

Employee Benefit: **\$10,000 - \$300,000 in \$10,000 increments**

Spouse Benefit: **\$5,000 - \$50,000 in \$5,000 increments, but not to exceed (Life Only) 50% of the employee benefit.**

Note: Spouse may not have coverage unless the employee has coverage.

**Guarantee Issue For New Hires Only:**

Employee: **\$200,000 not to exceed 3 times Annual Earnings**

Spouse: **\$30,000**

**Child Coverage (Life Only)**

Live Birth to 14 Days:

**\$100**

15 Days to Age 26:

**Choice of \$5,000 or \$10,000**

Employee Life and AD&D benefits and Spouse Life benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

**Rate Table**

<b>EMPLOYEE</b>
<b>Supplemental Life/AD&amp;D</b>
Monthly rates per \$1,000
<b>\$0.236</b>
<b>SPOUSE</b>
<b>Supplemental Life Only</b>
Monthly rates per \$1,000
<b>\$0.296</b>
<b>Dependent Life (Children)</b>
<b>Supplemental Life Only</b>
Monthly rates per \$1,000
<b>\$0.056</b>

**\*\*Employees who are currently enrolled in the Supplemental Life Plan can increase their coverage by \$20,000 during the Annual Enrollment not to exceed the Guarantee Issue Amount.**

**Employee Supplemental Life/AD&D Insurance**

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

Benefit Amount	Semi Monthly	Benefit Amount	Semi Monthly
\$10,000	\$1.18	\$110,000	\$12.98
\$20,000	\$2.36	\$120,000	\$14.16
\$30,000	\$3.54	\$130,000	\$15.34
\$40,000	\$4.72	\$140,000	\$16.52
\$50,000	\$5.90	\$150,000	\$17.70
\$60,000	\$7.08	\$160,000	\$18.88
\$70,000	\$8.26	\$170,000	\$20.06
\$80,000	\$9.44	\$180,000	\$21.24
\$90,000	\$10.62	\$190,000	\$22.42
\$100,000	\$11.80	\$200,000	\$23.60

**Spouse Supplemental Life Insurance**

**Semi-Monthly Premium Cost**

Benefit Amount	Semi Monthly
\$5,000	\$0.74
\$10,000	\$1.48
\$15,000	\$2.22
\$20,000	\$2.96
\$25,000	\$3.70
\$30,000	\$4.44

**Child(ren) Supplemental Life**

**Semi-Monthly Cost**

Benefit Amount	Semi Monthly
\$5,000	\$0.14
\$10,000	\$0.28

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