

**Life Insurance Options and Rates Effective - July 1, 2010  
Tobacco-Free Retired Policyholders Optional Life Insurance**

	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
Employee's Age	Amount of Coverage	Monthly Premium																		
Under 30	\$5,000	\$0.33	\$10,000	\$0.65	\$15,000	\$0.98	\$20,000	\$1.30	\$30,000	\$1.95	\$40,000	\$2.60	\$50,000	\$3.25	\$75,000	\$4.88	\$100,000	\$6.50	\$150,000	\$9.75
30-34	\$5,000	\$0.44	\$10,000	\$0.87	\$15,000	\$1.31	\$20,000	\$1.74	\$30,000	\$2.61	\$40,000	\$3.48	\$50,000	\$4.35	\$75,000	\$6.53	\$100,000	\$8.70	\$150,000	\$13.05
35-39	\$5,000	\$0.49	\$10,000	\$0.98	\$15,000	\$1.47	\$20,000	\$1.96	\$30,000	\$2.94	\$40,000	\$3.92	\$50,000	\$4.90	\$75,000	\$7.35	\$100,000	\$9.80	\$150,000	\$14.70
40-44	\$5,000	\$0.71	\$10,000	\$1.42	\$15,000	\$2.13	\$20,000	\$2.84	\$30,000	\$4.26	\$40,000	\$5.68	\$50,000	\$7.10	\$75,000	\$10.65	\$100,000	\$14.20	\$150,000	\$21.30
45-49	\$5,000	\$1.04	\$10,000	\$2.07	\$15,000	\$3.11	\$20,000	\$4.14	\$30,000	\$6.21	\$40,000	\$8.28	\$50,000	\$10.35	\$75,000	\$15.53	\$100,000	\$20.70	\$150,000	\$31.05
50-54	\$5,000	\$1.75	\$10,000	\$3.49	\$15,000	\$5.24	\$20,000	\$6.98	\$30,000	\$10.47	\$40,000	\$13.96	\$50,000	\$17.45	\$75,000	\$26.18	\$100,000	\$34.90	\$150,000	\$52.35
55-59	\$5,000	\$2.84	\$10,000	\$5.67	\$15,000	\$8.51	\$20,000	\$11.34	\$30,000	\$17.01	\$40,000	\$22.86	\$50,000	\$28.35	\$75,000	\$42.53	\$100,000	\$56.70	\$150,000	\$85.05
60-64	\$5,000	\$4.14	\$10,000	\$8.28	\$15,000	\$12.42	\$20,000	\$16.56	\$30,000	\$24.84	\$40,000	\$33.12	\$50,000	\$41.40	\$75,000	\$62.10	\$100,000	\$82.80	\$150,000	\$124.20
65-69	\$3,250	\$4.64	\$6,500	\$9.28	\$9,750	\$13.92	\$13,000	\$18.56	\$19,500	\$27.85	\$26,000	\$37.13	\$32,500	\$46.41	\$48,750	\$69.62	\$65,000	\$92.82	\$97,500	\$139.23
70 & Above	\$2,500	\$9.95	\$5,000	\$19.90	\$7,500	\$29.84	\$10,000	\$39.79	\$15,000	\$59.69	\$20,000	\$79.58	\$25,000	\$99.48	\$37,500	\$149.21	\$50,000	\$198.95	\$75,000	\$298.43

**Dependent Optional Life**

Plan	Who is Covered?	Coverage Amount	Monthly Premium
Dependent Plan 1	Spouse	\$5,000	\$3.52
	Each Child	\$2,000	
Dependent Plan 2	Spouse	\$10,000	\$7.03
	Each Child	\$4,000	
Dependent Plan 3	Spouse	\$15,000	\$10.56
	Each Child	\$7,000	
Dependent Plan 4	Spouse	\$20,000	\$14.07
	Each Child	\$10,000	