



K·C·L GROUP
BENEFITS

Fine Laboratories

Employee Voluntary Life & AD&D Premium

Minimum amount of employee life coverage is \$20,000

Age	Benefit Rate per \$1000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
00-29	0.10	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
30-34	0.13	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
35-39	0.17	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
40-44	0.24	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
45-49	0.34	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$30.60	\$34.00
50-54	0.52	\$10.40	\$15.60	\$20.80	\$26.00	\$31.20	\$36.40	\$41.60	\$46.80	\$52.00
55-59	0.78	\$15.60	\$23.40	\$31.20	\$39.00	\$46.80	\$54.60	\$62.40	\$70.20	\$78.00
60-64	1.07	\$21.40	\$32.10	\$42.80	\$53.50	\$64.20	\$74.90	\$85.60	\$96.30	\$107.00
65-69	1.85	\$37.00	\$55.50	\$74.00	\$92.50	\$111.00	\$129.50	\$148.00	\$166.50	\$185.00
70-74	3.16	\$63.20	\$94.80	\$126.40	\$158.00	\$189.60	\$221.20	\$252.80	\$284.40	\$316.00
75+	11.61	\$232.20	\$348.30	\$464.40	\$580.50	\$696.60	\$812.70	\$928.80	\$1,044.90	\$1,161.00

Spouse Voluntary Life & AD&D Premium (based on Employee's age)

Minimum amount of spousal coverage is \$10,000

The spousal maximum cannot exceed 50% of the employee's voluntary life and AD&D amount

The spouse premium is based on employees age

Age	Benefit Rate per \$1000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
00-29	0.10	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
30-34	0.13	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
35-39	0.17	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
40-44	0.24	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
45-49	0.34	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
50-54	0.52	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60	\$18.20	\$20.80	\$23.40	\$26.00
55-59	0.78	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00
60-64	1.07	\$10.70	\$16.05	\$21.40	\$26.75	\$32.10	\$37.45	\$42.80	\$48.15	\$53.50
65-69	1.85	\$18.50	\$27.75	\$37.00	\$46.25	\$55.50	\$64.75	\$74.00	\$83.25	\$92.50
70-74	3.16	\$31.60	\$47.40	\$63.20	\$79.00	\$94.80	\$110.60	\$126.40	\$142.20	\$158.00
75+	11.61	\$116.10	\$174.15	\$232.20	\$290.25	\$348.30	\$406.35	\$464.40	\$522.45	\$580.50

Dependent Child Premium Calculator

Benefit Rate per unit	2,500	5,000	7,500	10,000
0.65	0.65	1.30	1.95	2.60

This handout is for illustrative purposes only. The payroll deductions are an approximation. Please see your paycheck for actual payroll deductions. If there is a discrepancy between this handout and your paycheck, your paycheck stub prevails. This outline is intended to be a summary of benefits and does not include all plan provisions and limitations. Details of your benefits will be found in your certificate booklet. If there are any discrepancies between this outline and the certificate, the certificate governs.