



KANSAS CITY LIFE

GROUP BENEFITS

**Forestadent USA, Inc.
Employee Voluntary Life with AD&D Bi-weekly Premium Calculator**

You are eligible to enroll for Voluntary Life with AD&D in increments of \$10,000 with a minimum of \$10,000 and a maximum of \$100,000, not to exceed 5 times annual earnings, whichever is less.

Age	Rate per \$1,000:	Benefit	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
0 - 29	\$0.075		\$0.35	\$0.69	\$1.04	\$1.38	\$1.73	\$2.08	\$2.42	\$2.77	\$3.12	\$3.46
30 - 34	\$0.099		\$0.46	\$0.91	\$1.37	\$1.83	\$2.28	\$2.74	\$3.20	\$3.66	\$4.11	\$4.57
35 - 39	\$0.129		\$0.60	\$1.19	\$1.79	\$2.38	\$2.98	\$3.57	\$4.17	\$4.76	\$5.36	\$5.95
40 - 44	\$0.176		\$0.81	\$1.62	\$2.44	\$3.25	\$4.06	\$4.87	\$5.69	\$6.50	\$7.31	\$8.12
45 - 49	\$0.250		\$1.15	\$2.31	\$3.46	\$4.62	\$5.77	\$6.92	\$8.08	\$9.23	\$10.38	\$11.54
50 - 54	\$0.386		\$1.78	\$3.56	\$5.34	\$7.13	\$8.91	\$10.69	\$12.47	\$14.25	\$16.03	\$17.82
55 - 59	\$0.576		\$2.66	\$5.32	\$7.98	\$10.63	\$13.29	\$15.95	\$18.61	\$21.27	\$23.93	\$26.58
60 - 64	\$0.791		\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21.90	\$25.56	\$29.21	\$32.86	\$36.51
65 - 69	\$1.370		\$6.32	\$12.65	\$18.97	\$25.29	\$31.62	\$37.94	\$44.26	\$50.58	\$56.91	\$63.23
70 - 74	\$2.347		\$10.83	\$21.66	\$32.50	\$43.33	\$54.16	\$64.99	\$75.83	\$86.66	\$97.49	\$108.32
75 +	\$2.347		\$10.83	\$21.66	\$32.50	\$43.33	\$54.16	\$64.99	\$75.83	\$86.66	\$97.49	\$108.32

Payroll deductions are an approximation. Please see your paystub for actual deductions.

Forestadent USA, Inc.
Spouse Voluntary Life with AD&D Bi-weekly Premium Calculator

You are eligible to enroll your spouse for Voluntary Life with AD&D in increments of \$5,000 with a minimum of \$5,000 and a maximum of \$50,000, not to exceed 50% of the employee amount. The spouse premium is based on employee's age.

Age	Benefit	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
	Rate per \$1,000:										
0 - 29	\$0.075	\$0.17	\$0.35	\$0.52	\$0.69	\$0.87	\$1.04	\$1.21	\$1.38	\$1.56	\$1.73
30 - 34	\$0.099	\$0.23	\$0.46	\$0.69	\$0.91	\$1.14	\$1.37	\$1.60	\$1.83	\$2.06	\$2.28
35 - 39	\$0.129	\$0.30	\$0.60	\$0.89	\$1.19	\$1.49	\$1.79	\$2.08	\$2.38	\$2.68	\$2.98
40 - 44	\$0.176	\$0.41	\$0.81	\$1.22	\$1.62	\$2.03	\$2.44	\$2.84	\$3.25	\$3.66	\$4.06
45 - 49	\$0.250	\$0.58	\$1.15	\$1.73	\$2.31	\$2.88	\$3.46	\$4.04	\$4.62	\$5.19	\$5.77
50 - 54	\$0.386	\$0.89	\$1.78	\$2.67	\$3.56	\$4.45	\$5.34	\$6.24	\$7.13	\$8.02	\$8.91
55 - 59	\$0.576	\$1.33	\$2.66	\$3.99	\$5.32	\$6.65	\$7.98	\$9.30	\$10.63	\$11.96	\$13.29
60 - 64	\$0.791	\$1.83	\$3.65	\$5.48	\$7.30	\$9.13	\$10.95	\$12.78	\$14.60	\$16.43	\$18.25
65 - 69	\$1.370	\$3.16	\$6.32	\$9.48	\$12.65	\$15.81	\$18.97	\$22.13	\$25.29	\$28.45	\$31.62
70 - 74	\$2.347	\$5.42	\$10.83	\$16.25	\$21.66	\$27.08	\$32.50	\$37.91	\$43.33	\$48.75	\$54.16
75 +	\$2.347	\$5.42	\$10.83	\$16.25	\$21.66	\$27.08	\$32.50	\$37.91	\$43.33	\$48.75	\$54.16

Payroll deductions are an approximation. Please see your paystub for actual deductions.

Forestadent USA, Inc.
Dependent Child Voluntary Life with AD&D Bi-weekly Premium Calculator

You are eligible to enroll your eligible dependents for Voluntary Life with AD&D in increments of \$2,500 to a maximum of \$10,000. Infants aged 14 days to 6 months will be covered for a flat \$1,500.

Rate per increment:	Benefit	2,500	5,000	7,500	10,000
\$0.716		\$0.33	\$0.66	\$0.99	\$1.32

Payroll deductions are an approximation. Please see your paystub for actual deductions.