

LAKE ST LOUIS COMMUNITY

VOLUNTARY TERM LIFE/AD&D

Estimated Employee Bi-Weekly Premium Amounts

End of Rate Guarantee Period: 06/30/2019

Benefit Amount	29 & Under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$10,000	\$0.53	\$0.57	\$0.79	\$1.18	\$1.75	\$2.76	\$4.26	\$5.86
\$20,000	\$1.07	\$1.15	\$1.58	\$2.38	\$3.51	\$5.53	\$8.53	\$11.73
\$30,000	\$1.59	\$1.72	\$2.37	\$3.56	\$5.26	\$8.29	\$12.79	\$17.59
\$40,000	\$2.12	\$2.29	\$3.15	\$4.74	\$7.01	\$11.06	\$17.06	\$23.44
\$50,000	\$2.66	\$2.87	\$3.95	\$5.94	\$8.77	\$13.83	\$21.33	\$29.31
\$60,000	\$3.19	\$3.44	\$4.74	\$7.12	\$10.52	\$16.59	\$25.59	\$35.17
\$70,000	\$3.71	\$4.00	\$5.52	\$8.30	\$12.28	\$19.35	\$29.85	\$41.03
\$80,000	\$4.24	\$4.57	\$6.31	\$9.48	\$14.03	\$22.11	\$34.11	\$46.89
\$90,000	\$4.78	\$5.15	\$7.11	\$10.68	\$15.79	\$24.88	\$38.38	\$52.76
\$100,000	\$5.31	\$5.72	\$7.89	\$11.86	\$17.54	\$27.65	\$42.65	\$58.61
\$110,000	\$5.83	\$6.29	\$8.68	\$13.04	\$19.29	\$30.41	\$46.91	\$64.47
\$120,000	\$6.37	\$6.87	\$9.47	\$14.24	\$21.05	\$33.18	\$51.18	\$70.34
\$130,000	\$6.90	\$7.44	\$10.26	\$15.42	\$22.80	\$35.94	\$55.44	\$76.20
\$140,000	\$7.43	\$8.01	\$11.05	\$16.60	\$24.55	\$38.70	\$59.70	\$82.06
\$150,000	\$7.97	\$8.59	\$11.84	\$17.80	\$26.31	\$41.47	\$63.97	\$87.93
\$160,000	\$8.49	\$9.16	\$12.63	\$18.98	\$28.06	\$44.23	\$68.23	\$93.79
\$170,000	\$9.02	\$9.73	\$13.41	\$20.16	\$29.81	\$47.00	\$72.50	\$99.64
\$180,000	\$9.56	\$10.31	\$14.21	\$21.36	\$31.57	\$49.77	\$76.77	\$105.51
\$190,000	\$10.09	\$10.88	\$15.00	\$22.54	\$33.32	\$52.53	\$81.03	\$111.37
\$200,000	\$10.61	\$11.44	\$15.78	\$23.72	\$35.08	\$55.29	\$85.29	\$117.23
\$210,000	\$11.14	\$12.01	\$16.57	\$24.90	\$36.83	\$58.05	\$89.55	\$123.09
\$220,000	\$11.68	\$12.59	\$17.37	\$26.10	\$38.59	\$60.82	\$93.82	\$128.96
\$230,000	\$12.21	\$13.16	\$18.15	\$27.28	\$40.34	\$63.59	\$98.09	\$134.81
\$240,000	\$12.73	\$13.73	\$18.94	\$28.46	\$42.09	\$66.35	\$102.35	\$140.67
\$250,000	\$13.27	\$14.31	\$19.73	\$29.66	\$43.85	\$69.12	\$106.62	\$146.54
\$260,000	\$13.80	\$14.88	\$20.52	\$30.84	\$45.60	\$71.88	\$110.88	\$152.40
\$270,000	\$14.33	\$15.45	\$21.31	\$32.02	\$47.35	\$74.64	\$115.14	\$158.26
\$280,000	\$14.87	\$16.03	\$22.10	\$33.22	\$49.11	\$77.41	\$119.41	\$164.13
\$290,000	\$15.39	\$16.60	\$22.89	\$34.40	\$50.86	\$80.17	\$123.67	\$169.99
\$300,000	\$15.92	\$17.17	\$23.67	\$35.58	\$52.61	\$82.94	\$127.94	\$175.84

Reduced Benefit	65-69
\$6,500	\$6.95
\$13,000	\$13.91
\$19,500	\$20.86
\$26,000	\$27.81
\$32,500	\$34.76
\$39,000	\$41.73
\$45,500	\$48.68
\$52,000	\$55.63
\$58,500	\$62.59
\$65,000	\$69.54
\$71,500	\$76.49
\$78,000	\$83.45
\$84,500	\$90.40
\$91,000	\$97.35
\$97,500	\$104.31
\$104,000	\$111.27
\$110,500	\$118.22
\$117,000	\$125.17
\$123,500	\$132.13
\$130,000	\$139.08
\$136,500	\$146.03
\$143,000	\$152.99
\$149,500	\$159.94
\$156,000	\$166.89
\$162,500	\$173.84
\$169,000	\$180.81
\$175,500	\$187.76
\$182,000	\$194.71
\$188,500	\$201.67
\$195,000	\$208.62

Reduced Benefit	70 & Over
\$5,000	\$8.79
\$10,000	\$17.57
\$15,000	\$26.36
\$20,000	\$35.15
\$25,000	\$43.94
\$30,000	\$52.73
\$35,000	\$61.51
\$40,000	\$70.30
\$45,000	\$79.09
\$50,000	\$87.88
\$55,000	\$96.67
\$60,000	\$105.45
\$65,000	\$114.24
\$70,000	\$123.03
\$75,000	\$131.81
\$80,000	\$140.60
\$85,000	\$149.39
\$90,000	\$158.18
\$95,000	\$166.97
\$100,000	\$175.75
\$105,000	\$184.54
\$110,000	\$193.33
\$115,000	\$202.12
\$120,000	\$210.91
\$125,000	\$219.69
\$130,000	\$228.48
\$135,000	\$237.27
\$140,000	\$246.05
\$145,000	\$254.84
\$150,000	\$263.63

NOTE: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your monthly premium will change to reflect the new rate band effective on the next policy anniversary date.



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LAKE ST LOUIS COMMUNITY

VOLUNTARY TERM LIFE/AD&D

Estimated Spouse Bi-Weekly Premium Amounts
End of Rate Guarantee Period: 06/30/2019

Benefit Amount	29 & Under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$5,000	\$0.26	\$0.28	\$0.39	\$0.59	\$0.88	\$1.38	\$2.13	\$2.93
\$10,000	\$0.53	\$0.57	\$0.79	\$1.18	\$1.75	\$2.76	\$4.26	\$5.86
\$15,000	\$0.79	\$0.85	\$1.18	\$1.77	\$2.63	\$4.14	\$6.39	\$8.79
\$20,000	\$1.07	\$1.15	\$1.58	\$2.38	\$3.51	\$5.53	\$8.53	\$11.73
\$25,000	\$1.33	\$1.43	\$1.98	\$2.97	\$4.39	\$6.91	\$10.66	\$14.66
\$30,000	\$1.59	\$1.72	\$2.37	\$3.56	\$5.26	\$8.29	\$12.79	\$17.59
\$35,000	\$1.86	\$2.00	\$2.76	\$4.15	\$6.14	\$9.68	\$14.93	\$20.51
\$40,000	\$2.12	\$2.29	\$3.15	\$4.74	\$7.01	\$11.06	\$17.06	\$23.44
\$45,000	\$2.38	\$2.57	\$3.55	\$5.33	\$7.89	\$12.44	\$19.19	\$26.37
\$50,000	\$2.66	\$2.87	\$3.95	\$5.94	\$8.77	\$13.83	\$21.33	\$29.31
\$55,000	\$2.92	\$3.15	\$4.34	\$6.53	\$9.65	\$15.21	\$23.46	\$32.24
\$60,000	\$3.19	\$3.44	\$4.74	\$7.12	\$10.52	\$16.59	\$25.59	\$35.17
\$65,000	\$3.45	\$3.72	\$5.13	\$7.71	\$11.40	\$17.97	\$27.72	\$38.10
\$70,000	\$3.71	\$4.00	\$5.52	\$8.30	\$12.28	\$19.35	\$29.85	\$41.03
\$75,000	\$3.98	\$4.29	\$5.92	\$8.89	\$13.15	\$20.73	\$31.98	\$43.96
\$80,000	\$4.24	\$4.57	\$6.31	\$9.48	\$14.03	\$22.11	\$34.11	\$46.89
\$85,000	\$4.52	\$4.87	\$6.71	\$10.09	\$14.91	\$23.50	\$36.25	\$49.83
\$90,000	\$4.78	\$5.15	\$7.11	\$10.68	\$15.79	\$24.88	\$38.38	\$52.76
\$95,000	\$5.04	\$5.44	\$7.50	\$11.27	\$16.66	\$26.26	\$40.51	\$55.69
\$100,000	\$5.31	\$5.72	\$7.89	\$11.86	\$17.54	\$27.65	\$42.65	\$58.61

Reduced Benefit	65-69
\$3,250	\$3.48
\$6,500	\$6.95
\$9,750	\$10.43
\$13,000	\$13.91
\$16,250	\$17.38
\$19,500	\$20.86
\$22,750	\$24.34
\$26,000	\$27.81
\$29,250	\$31.29
\$32,500	\$34.76
\$35,750	\$38.25
\$39,000	\$41.73
\$42,250	\$45.20
\$45,500	\$48.68
\$48,750	\$52.16
\$52,000	\$55.63
\$55,250	\$59.11
\$58,500	\$62.59
\$61,750	\$66.06
\$65,000	\$69.54

Reduced Benefit	70 & Over
\$2,500	\$4.40
\$5,000	\$8.79
\$7,500	\$13.18
\$10,000	\$17.57
\$12,500	\$21.97
\$15,000	\$26.36
\$17,500	\$30.76
\$20,000	\$35.15
\$22,500	\$39.54
\$25,000	\$43.94
\$27,500	\$48.33
\$30,000	\$52.73
\$32,500	\$57.12
\$35,000	\$61.51
\$37,500	\$65.91
\$40,000	\$70.30
\$42,500	\$74.70
\$45,000	\$79.09
\$47,500	\$83.48
\$50,000	\$87.88

NOTE: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child Deduction Schedule

\$10,000 \$0.92

If your age changes to a different rate band during the guarantee period, your monthly premium will change to reflect the new rate band effective on the next policy anniversary date.



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