

**NORTHWEST OTOLARYNGOLOGY - #F010676**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

*You must be covered under the basic life plan sponsored by your employer in SD and VT.*

**Voluntary Life Insurance**

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

*The amount of spouse life insurance is limited to 50% of the employee benefit in FL and NE.*

*The spouse benefit may not exceed the employee benefit amount in AZ, CA, IL, MD, NJ, RI, VT, VA and WA.*

*The Spouse amount may not exceed the amount for which the employee is eligible in TX.*

Employee & Spouse	
Voluntary Life Tobacco User*	
Monthly rates per \$1,000	
Age	Rates
Under 30	\$0.110
30-34	\$0.110
35-39	\$0.160
40-44	\$0.250
45-49	\$0.460
50-54	\$0.760
55-59	\$1.370
60-64	\$1.670
65-69	\$2.690
70-74	\$4.270
75 and over	\$7.190
Voluntary AD&D	
Monthly rates per \$1,000	
Individual Plan	\$0.050
Family Plan	\$0.080
Dependent Life (Children)	
Monthly rates per Family	
\$5,000	\$1.00
\$10,000	\$2.00

**Child Coverage**

Ages 15 days to 6 months: **\$100**  
 Ages 6 months to 18 years: **\$5,000 or \$10,000**  
 23 if full time student

**Voluntary AD&D Insurance**

Benefits from \$10,000 to \$500,000 in \$10,000 increments.

The Individual Plan covers you in the event of accidental death or dismemberment.

The Family Plan covers you, your spouse and your eligible dependent children.

The spouse benefit is equal to 50% of your benefit and the child benefit is 10% of your benefit.

**Voluntary Life Insurance**

**TOBACCO Monthly Premium Cost (Based on 12 payroll deductions per year)**

**\*If you have used tobacco products in the last two years the tobacco user rates will apply.**

Benefit Amount	ATTAINED AGE													
	VAD&D IND	VAD&D FAM	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$10,000	\$0.50	\$0.80	\$ 1.10	\$ 1.10	\$ 1.60	\$ 2.50	\$ 4.60	\$ 7.60	\$ 13.70	\$ 16.70	\$ 26.90	\$ 42.70	\$ 71.90	
\$20,000	\$1.00	\$1.60	\$2.20	\$2.20	\$3.20	\$5.00	\$9.20	\$15.20	\$27.40	\$33.40	\$53.80	\$85.40	\$143.80	
\$30,000	\$1.50	\$2.40	\$3.30	\$3.30	\$4.80	\$7.50	\$13.80	\$22.80	\$41.10	\$50.10	\$80.70	\$128.10	\$215.70	
\$40,000	\$2.00	\$3.20	\$4.40	\$4.40	\$6.40	\$10.00	\$18.40	\$30.40	\$54.80	\$66.80	\$107.60	\$170.80	\$287.60	
\$50,000	\$2.50	\$4.00	\$5.50	\$5.50	\$8.00	\$12.50	\$23.00	\$38.00	\$68.50	\$83.50	\$134.50	\$213.50	\$359.50	
\$60,000	\$3.00	\$4.80	\$6.60	\$6.60	\$9.60	\$15.00	\$27.60	\$45.60	\$82.20	\$100.20	\$161.40	\$256.20	\$431.40	
\$70,000	\$3.50	\$5.60	\$7.70	\$7.70	\$11.20	\$17.50	\$32.20	\$53.20	\$95.90	\$116.90	\$188.30	\$298.90	\$503.30	
\$80,000	\$4.00	\$6.40	\$8.80	\$8.80	\$12.80	\$20.00	\$36.80	\$60.80	\$109.60	\$133.60	\$215.20	\$341.60	\$575.20	
\$90,000	\$4.50	\$7.20	\$9.90	\$9.90	\$14.40	\$22.50	\$41.40	\$68.40	\$123.30	\$150.30	\$242.10	\$384.30	\$647.10	
\$100,000	\$5.00	\$8.00	\$11.00	\$11.00	\$16.00	\$25.00	\$46.00	\$76.00	\$137.00	\$167.00	\$269.00	\$427.00	\$719.00	
\$110,000	\$5.50	\$8.80	\$12.10	\$12.10	\$17.60	\$27.50	\$50.60	\$83.60	\$150.70	\$183.70	\$295.90	\$469.70	\$790.90	
\$120,000	\$6.00	\$9.60	\$13.20	\$13.20	\$19.20	\$30.00	\$55.20	\$91.20	\$164.40	\$200.40	\$322.80	\$512.40	\$862.80	
\$130,000	\$6.50	\$10.40	\$14.30	\$14.30	\$20.80	\$32.50	\$59.80	\$98.80	\$178.10	\$217.10	\$349.70	\$555.10	\$934.70	
\$140,000	\$7.00	\$11.20	\$15.40	\$15.40	\$22.40	\$35.00	\$64.40	\$106.40	\$191.80	\$233.80	\$376.60	\$597.80	\$1,006.60	
\$150,000	\$7.50	\$12.00	\$16.50	\$16.50	\$24.00	\$37.50	\$69.00	\$114.00	\$205.50	\$250.50	\$403.50	\$640.50	\$1,078.50	
\$200,000	\$10.00	\$16.00	\$22.00	\$22.00	\$32.00	\$50.00	\$92.00	\$152.00	\$274.00	\$334.00	\$538.00	\$854.00	\$1,438.00	
\$250,000	\$12.50	\$20.00	\$27.50	\$27.50	\$40.00	\$62.50	\$115.00	\$190.00	\$342.50	\$417.50	\$672.50	\$1,067.50	\$1,797.50	
\$300,000	\$15.00	\$24.00	\$33.00	\$33.00	\$48.00	\$75.00	\$138.00	\$228.00	\$411.00	\$501.00	\$807.00	\$1,281.00	\$2,157.00	
\$350,000	\$17.50	\$28.00	\$38.50	\$38.50	\$56.00	\$87.50	\$161.00	\$266.00	\$479.50	\$584.50	\$941.50	\$1,494.50	\$2,516.50	
\$400,000	\$20.00	\$32.00	\$44.00	\$44.00	\$64.00	\$100.00	\$184.00	\$304.00	\$548.00	\$668.00	\$1,076.00	\$1,708.00	\$2,876.00	
\$450,000	\$22.50	\$36.00	\$49.50	\$49.50	\$72.00	\$112.50	\$207.00	\$342.00	\$616.50	\$751.50	\$1,210.50	\$1,921.50	\$3,235.50	
\$500,000	\$25.00	\$40.00	\$55.00	\$55.00	\$80.00	\$125.00	\$230.00	\$380.00	\$685.00	\$835.00	\$1,345.00	\$2,135.00	\$3,595.00	

Additional benefit amounts are available in \$10,000 increments to a maximum of \$500,000

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-2230-C)

Vlife/blend-w/add/12

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