

# Urethane Roller Specialist Inc.

## Voluntary-term Life/AD&D

Estimated employee Weekly premium amounts  
End of the rate guarantee period: 11/30/2018

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$10,000</b>	\$0.26	\$0.28	\$0.39	\$0.59	\$0.88	\$1.40	\$2.16	\$2.98	<b>\$6,500</b>	\$3.54	<b>\$5,000</b>	\$4.45
<b>\$20,000</b>	\$0.52	\$0.56	\$0.78	\$1.19	\$1.76	\$2.80	\$4.32	\$5.95	<b>\$13,000</b>	\$7.08	<b>\$10,000</b>	\$8.89
<b>\$30,000</b>	\$0.77	\$0.83	\$1.16	\$1.77	\$2.63	\$4.19	\$6.48	\$8.92	<b>\$19,500</b>	\$10.61	<b>\$15,000</b>	\$13.34
<b>\$40,000</b>	\$1.02	\$1.11	\$1.55	\$2.36	\$3.52	\$5.58	\$8.64	\$11.90	<b>\$26,000</b>	\$14.15	<b>\$20,000</b>	\$17.78
<b>\$50,000</b>	\$1.28	\$1.39	\$1.94	\$2.96	\$4.40	\$6.98	\$10.80	\$14.87	<b>\$32,500</b>	\$17.69	<b>\$25,000</b>	\$22.22
<b>\$60,000</b>	\$1.54	\$1.67	\$2.33	\$3.55	\$5.28	\$8.38	\$12.96	\$17.85	<b>\$39,000</b>	\$21.23	<b>\$30,000</b>	\$26.66
<b>\$70,000</b>	\$1.79	\$1.93	\$2.71	\$4.13	\$6.15	\$9.77	\$15.12	\$20.82	<b>\$45,500</b>	\$24.76	<b>\$35,000</b>	\$31.11
<b>\$80,000</b>	\$2.05	\$2.21	\$3.10	\$4.72	\$7.03	\$11.17	\$17.28	\$23.80	<b>\$52,000</b>	\$28.30	<b>\$40,000</b>	\$35.56
<b>\$90,000</b>	\$2.31	\$2.49	\$3.49	\$5.32	\$7.91	\$12.57	\$19.44	\$26.77	<b>\$58,500</b>	\$31.84	<b>\$45,000</b>	\$40.00
<b>\$100,000</b>	\$2.56	\$2.77	\$3.88	\$5.91	\$8.80	\$13.96	\$21.60	\$29.75	<b>\$65,000</b>	\$35.38	<b>\$50,000</b>	\$44.45
<b>\$110,000</b>	\$2.81	\$3.04	\$4.26	\$6.49	\$9.67	\$15.35	\$23.76	\$32.72	<b>\$71,500</b>	\$38.90	<b>\$55,000</b>	\$48.89
<b>\$120,000</b>	\$3.07	\$3.32	\$4.65	\$7.09	\$10.55	\$16.75	\$25.92	\$35.69	<b>\$78,000</b>	\$42.44	<b>\$60,000</b>	\$53.34
<b>\$130,000</b>	\$3.33	\$3.60	\$5.04	\$7.68	\$11.43	\$18.15	\$28.08	\$38.67	<b>\$84,500</b>	\$45.98	<b>\$65,000</b>	\$57.79
<b>\$140,000</b>	\$3.59	\$3.88	\$5.43	\$8.27	\$12.31	\$19.55	\$30.24	\$41.65	<b>\$91,000</b>	\$49.52	<b>\$70,000</b>	\$62.22
<b>\$150,000</b>	\$3.85	\$4.16	\$5.82	\$8.87	\$13.19	\$20.95	\$32.40	\$44.62	<b>\$97,500</b>	\$53.05	<b>\$75,000</b>	\$66.67
<b>\$160,000</b>	\$4.10	\$4.43	\$6.20	\$9.45	\$14.06	\$22.34	\$34.56	\$47.59	<b>\$104,000</b>	\$56.59	<b>\$80,000</b>	\$71.11
<b>\$170,000</b>	\$4.35	\$4.71	\$6.59	\$10.04	\$14.95	\$23.73	\$36.72	\$50.57	<b>\$110,500</b>	\$60.13	<b>\$85,000</b>	\$75.56
<b>\$180,000</b>	\$4.61	\$4.99	\$6.98	\$10.64	\$15.83	\$25.13	\$38.88	\$53.54	<b>\$117,000</b>	\$63.67	<b>\$90,000</b>	\$80.00
<b>\$190,000</b>	\$4.87	\$5.27	\$7.37	\$11.23	\$16.71	\$26.53	\$41.04	\$56.52	<b>\$123,500</b>	\$67.20	<b>\$95,000</b>	\$84.45
<b>\$200,000</b>	\$5.12	\$5.53	\$7.75	\$11.81	\$17.58	\$27.92	\$43.20	\$59.49	<b>\$130,000</b>	\$70.74	<b>\$100,000</b>	\$88.90
<b>\$210,000</b>	\$5.38	\$5.81	\$8.14	\$12.40	\$18.46	\$29.32	\$45.36	\$62.47	<b>\$136,500</b>	\$74.28	<b>\$105,000</b>	\$93.34
<b>\$220,000</b>	\$5.64	\$6.09	\$8.53	\$13.00	\$19.34	\$30.72	\$47.52	\$65.44	<b>\$143,000</b>	\$77.82	<b>\$110,000</b>	\$97.78
<b>\$230,000</b>	\$5.89	\$6.37	\$8.92	\$13.59	\$20.23	\$32.11	\$49.68	\$68.42	<b>\$149,500</b>	\$81.35	<b>\$115,000</b>	\$102.22
<b>\$240,000</b>	\$6.14	\$6.64	\$9.30	\$14.17	\$21.10	\$33.50	\$51.84	\$71.39	<b>\$156,000</b>	\$84.89	<b>\$120,000</b>	\$106.67
<b>\$250,000</b>	\$6.40	\$6.92	\$9.69	\$14.77	\$21.98	\$34.90	\$54.00	\$74.36	<b>\$162,500</b>	\$88.43	<b>\$125,000</b>	\$111.11
<b>\$260,000</b>	\$6.66	\$7.20	\$10.08	\$15.36	\$22.86	\$36.30	\$56.16	\$77.34	<b>\$169,000</b>	\$91.97	<b>\$130,000</b>	\$115.56
<b>\$270,000</b>	\$6.92	\$7.48	\$10.47	\$15.95	\$23.74	\$37.70	\$58.32	\$80.32	<b>\$175,500</b>	\$95.50	<b>\$135,000</b>	\$120.01
<b>\$280,000</b>	\$7.18	\$7.76	\$10.86	\$16.55	\$24.62	\$39.10	\$60.48	\$83.29	<b>\$182,000</b>	\$99.04	<b>\$140,000</b>	\$124.45
<b>\$290,000</b>	\$7.43	\$8.03	\$11.24	\$17.13	\$25.49	\$40.49	\$62.64	\$86.26	<b>\$188,500</b>	\$102.58	<b>\$145,000</b>	\$128.90
<b>\$300,000</b>	\$7.68	\$8.31	\$11.63	\$17.72	\$26.38	\$41.88	\$64.80	\$89.24	<b>\$195,000</b>	\$106.12	<b>\$150,000</b>	\$133.34

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.



## Urethane Roller Specialist Inc. Voluntary-term Life/AD&D

Estimated spouse Weekly premium amounts  
End of the rate guarantee period: 11/30/2018

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$5,000</b>	\$0.13	\$0.14	\$0.20	\$0.30	\$0.44	\$0.70	\$1.08	\$1.49	<b>\$3,250</b>	\$1.77	<b>\$2,500</b>	\$2.22
<b>\$10,000</b>	\$0.26	\$0.28	\$0.39	\$0.59	\$0.88	\$1.40	\$2.16	\$2.98	<b>\$6,500</b>	\$3.54	<b>\$5,000</b>	\$4.45
<b>\$15,000</b>	\$0.39	\$0.42	\$0.59	\$0.89	\$1.32	\$2.10	\$3.24	\$4.47	<b>\$9,750</b>	\$5.31	<b>\$7,500</b>	\$6.66
<b>\$20,000</b>	\$0.52	\$0.56	\$0.78	\$1.19	\$1.76	\$2.80	\$4.32	\$5.95	<b>\$13,000</b>	\$7.08	<b>\$10,000</b>	\$8.89
<b>\$25,000</b>	\$0.64	\$0.69	\$0.97	\$1.47	\$2.19	\$3.49	\$5.40	\$7.43	<b>\$16,250</b>	\$8.84	<b>\$12,500</b>	\$11.11
<b>\$30,000</b>	\$0.77	\$0.83	\$1.16	\$1.77	\$2.63	\$4.19	\$6.48	\$8.92	<b>\$19,500</b>	\$10.61	<b>\$15,000</b>	\$13.34
<b>\$35,000</b>	\$0.89	\$0.97	\$1.36	\$2.07	\$3.08	\$4.88	\$7.56	\$10.41	<b>\$22,750</b>	\$12.38	<b>\$17,500</b>	\$15.56
<b>\$40,000</b>	\$1.02	\$1.11	\$1.55	\$2.36	\$3.52	\$5.58	\$8.64	\$11.90	<b>\$26,000</b>	\$14.15	<b>\$20,000</b>	\$17.78
<b>\$45,000</b>	\$1.15	\$1.25	\$1.75	\$2.66	\$3.96	\$6.28	\$9.72	\$13.39	<b>\$29,250</b>	\$15.92	<b>\$22,500</b>	\$20.00
<b>\$50,000</b>	\$1.28	\$1.39	\$1.94	\$2.96	\$4.40	\$6.98	\$10.80	\$14.87	<b>\$32,500</b>	\$17.69	<b>\$25,000</b>	\$22.22
<b>\$55,000</b>	\$1.41	\$1.53	\$2.14	\$3.25	\$4.84	\$7.68	\$11.88	\$16.36	<b>\$35,750</b>	\$19.46	<b>\$27,500</b>	\$24.45
<b>\$60,000</b>	\$1.54	\$1.67	\$2.33	\$3.55	\$5.28	\$8.38	\$12.96	\$17.85	<b>\$39,000</b>	\$21.23	<b>\$30,000</b>	\$26.66
<b>\$65,000</b>	\$1.67	\$1.81	\$2.53	\$3.85	\$5.72	\$9.08	\$14.05	\$19.34	<b>\$42,250</b>	\$22.99	<b>\$32,500</b>	\$28.89
<b>\$70,000</b>	\$1.79	\$1.93	\$2.71	\$4.13	\$6.15	\$9.77	\$15.12	\$20.82	<b>\$45,500</b>	\$24.76	<b>\$35,000</b>	\$31.11
<b>\$75,000</b>	\$1.92	\$2.07	\$2.91	\$4.43	\$6.59	\$10.47	\$16.20	\$22.31	<b>\$48,750</b>	\$26.53	<b>\$37,500</b>	\$33.34
<b>\$80,000</b>	\$2.05	\$2.21	\$3.10	\$4.72	\$7.03	\$11.17	\$17.28	\$23.80	<b>\$52,000</b>	\$28.30	<b>\$40,000</b>	\$35.56
<b>\$85,000</b>	\$2.18	\$2.35	\$3.30	\$5.02	\$7.47	\$11.87	\$18.36	\$25.28	<b>\$55,250</b>	\$30.07	<b>\$42,500</b>	\$37.78
<b>\$90,000</b>	\$2.31	\$2.49	\$3.49	\$5.32	\$7.91	\$12.57	\$19.44	\$26.77	<b>\$58,500</b>	\$31.84	<b>\$45,000</b>	\$40.00
<b>\$95,000</b>	\$2.44	\$2.63	\$3.69	\$5.61	\$8.35	\$13.27	\$20.52	\$28.26	<b>\$61,750</b>	\$33.61	<b>\$47,500</b>	\$42.22
<b>\$100,000</b>	\$2.56	\$2.77	\$3.88	\$5.91	\$8.80	\$13.96	\$21.60	\$29.75	<b>\$65,000</b>	\$35.38	<b>\$50,000</b>	\$44.45

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**      \$0.46

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.

