

Group Universal Life Personal Worksheet

Your Coverage

Age ____ Nonsmoker Smoker Accidental Death Benefit

\$ _____ Annual Pay	X _____ Multiple up to 5 times of Annual Pay	= \$ _____ Life Insurance coverage amount rounded up to an even Multiple of \$1,000	/\$1,000 = _____ Units X \$ _____	= _____ Rate per \$1,000 unit at your age* (see rate table)	Your Premium	\$ _____
Add monthly administration fee					\$1.00	\$1.00

Your Maximum* Cash Value Contribution

\$ _____ Maximum Contribution Per \$1,000 unit at your age	X _____ Number of units of life insurance Coverage selected	units = \$ _____ Maximum Monthly Contribution*		Your Cash Value Contribution	\$ _____
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*Cash value contribution can not exceed maximum; however, contribution may be zero or any desired Amount that does not exceed the maximum.

Your Spouse's Coverage

Your Spouse's Age

Age* ____ Nonsmoker Smoker Accidental Death Benefit

How to Calculate Your Spouse's Life Insurance Premium

\$ _____ Life Insurance coverage Amount \$10,000 to \$100,000 in increments of \$1,000 not to exceed 3X employee's annual pay	/\$1,000 = _____	Units X \$ _____	= _____ Rate per \$1,000 unit at spouse's age (See rate table)	Spouse's Premium	\$ _____	
Add monthly administration fee					\$1.00	\$1.00

How to Calculate Your Spouse's Maximum Cash Value Contribution

\$ _____ Maximum Contribution Per \$1,000 unit at your Spouse's age	X _____ Number of units of life insurance Coverage selected	units = \$ _____ Maximum Monthly Contribution*		Spouse's Cash Value Contribution	\$ _____
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*Cash value contribution can not exceed maximum; however, contribution may be zero or any desired Amount that does not exceed the maximum.

Your Dependent Child Coverage

\$2.50 covers each eligible dependent child for \$10,000, regardless of number. **\$ 2.50** \$ _____

Total Monthly Premium \$ _____

Total Bi-weekly Premium (total monthly premium X 12 / 26) \$ _____

Questions

Call us at 1-800-255-6614

Monday – Friday, 8 a.m. – 5 p.m. CT