

Ascend HR Solutions

Group Supplemental Life Insurance Plan

Underwritten by Hartford Life and Accident Insurance Company

Supplemental Life Insurance Monthly Rate Chart Worksheet

Supplemental Life Insurance for Employee and Spouse:		
Age Band:	Non-Tobacco User	Tobacco User
Under Age 30	\$.05	\$.09
30 - 34	\$.05	\$.12
35 - 39	\$.07	\$.16
40 - 44	\$.12	\$.26
45 - 49	\$.20	\$.45
50 - 54	\$.33	\$.74
55 - 59	\$.53	\$1.13
60 - 64	\$.63	\$1.22
65 - 69	\$1.26	\$2.24
70 - 74	\$2.64	\$4.00
75 - +	\$4.83	\$6.77

Child Life Amount	\$5,000	\$10,000
Monthly Cost per Unit	\$.60	\$1.20

Upon calculating your elected Supplemental Life coverage amounts, please complete the Supplemental Life Insurance Enrollment Form. This worksheet does not serve as the enrollment form, and should be used only as a tool to estimate your coverage needs and premium calculations.

Premium Calculation

Use the calculation line below to determine your cost for this coverage. Please be sure to indicate on the enrollment portion of your packet (**page 3**), the amount for which you are enrolling.

(Please be sure to indicate your Non-Tobacco/ Tobacco User status on page 3 of your enrollment form. If left blank, the rates will default to Tobacco User rates.)

$$\frac{\text{Employee Elected Benefit Amount}}{\div \$1,000} = \underline{\hspace{2cm}} \times \frac{\text{Rate Above}}{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \text{ Your Monthly Cost}$$

$$\frac{\text{Spouse Elected Benefit Amount}}{\div \$1,000} = \underline{\hspace{2cm}} \times \frac{\text{Rate Above}}{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \text{ Your Monthly Cost}$$

$$\frac{\text{Child Life Amount}}{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \text{ Your Monthly Cost equals Cost Per Unit above (rate includes coverage for all eligible children)}$$

Check the Supplemental Life Benefit Highlights for a summary of the general benefits of the insurance described. Complete coverage information is in the certificate of insurance issued to you.

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