

TOWN OF HOLLISTON VOLUNTARY TERM LIFE (ISSUE AGE)

Must have Basic Life to sign up for Optional Life

GUARANTEED ISSUE AMOUNTS			
AGE	Under 60	60 - 69	70 & Over
Employee	\$ 100,000	\$ 50,000	\$10,000
Spouse	\$ 30,000	\$ 20,000	Not Eligible
Dependent	\$ 10,000		

MONTHLY PREMIUM

Age	Monthly Premium Rate per 1,000	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	**100,000**
<35	\$0.10	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
35-39	\$0.14	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
40-44	\$0.20	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
45-49	\$0.31	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
50-54	\$0.52	\$5.20	\$10.40	\$15.60	\$20.80	\$26.00	\$31.20	\$36.40	\$41.60	\$46.80	\$52.00
55-59	\$0.78	\$7.80	\$15.60	\$23.40	\$31.20	\$39.00	\$46.80	\$54.60	\$62.40	\$70.20	\$78.00
60-64	\$1.09	\$10.90	\$21.80	\$32.70	\$43.60	\$54.50	\$65.40	\$76.30	\$87.20	\$98.10	\$109.00
65-69	\$1.98	\$19.80	\$39.60	\$59.40	\$79.20	\$99.00	\$118.80	\$138.60	\$158.40	\$178.20	\$198.00
70-74	\$3.45	\$34.50	\$69.00	\$103.50	\$138.00	\$172.50	\$207.00	\$241.50	\$276.00	\$310.50	\$345.00
75 & Over	\$5.94	\$59.40	\$118.80	\$178.20	\$237.60	\$297.00	\$356.40	\$415.80	\$475.20	\$534.60	\$594.00

******EMPLOYEE MUST HAVE COVERAGE IN ORDER TO INSURE SPOUSE AND/OR CHILDREN******

- * EMPLOYEE LIFE = \$10,000 TO A MAXIMUM OF \$500,000 (NOT TO EXCEED 5 TIMES SALARY)
- * SPOUSE LIFE = \$5,000 TO A MAXIMUM OF \$100,000 (NOT TO EXCEED 50% OF EMPLOYEE BENEFIT)
- * DEPENDENT (LIFE ONLY) = \$10,000 TO AGE 19 OR 25 IF FULL TIME STUDENT (\$1.90/MONTH for \$10,000)

Applicants requesting insurance amounts over the guaranteed issue amount will require an Evidence of Insurability Form and Authorization to Release Medical Information. These forms will need to accompany the application .