Plan Coverage | Symetra Voluntary Life and Optional AD&D | Voluntary Age Banded Rates - Life Benefit
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Employee Life Amount | Choice of $10,000, $25,000, $50,000, $75,000, $100,000, $125,000, $150,000 or $175,000 | EE Life Monthly Step Rates per $1,000
Guarantee issue for Employee Voluntary Life | $175,000 | Age | Rate | Rate | $2.937/$10,000
Spouse Life Amount | Choice of $10,000, $25,000, $50,000, $75,000, $100,000, $125,000, $150,000 or $175,000 | Spouse Life Monthly Step Rates per $1,000
Maximum Amount for Spouse Voluntary Life | 100% of Employee Life; Spouse cannot have higher amount than employee | Child(ren) Life Monthly Rates
Guarantee issue for Spouse Voluntary Life | $25,000 | 15-24 | $0.055 | $0.067
Dependent Child(ren): Live birth to 14 days | $1,000 | 25-29 | $0.063 | $0.076
Dependent Child(ren): 14 days to 6 months | $1,000 | 30-34 | $0.078 | $0.097
Dependent Child(ren): 6 months to 19 years; 26 if full time student | $10,000 | 35-39 | $0.082 | $0.098
Age reduction schedule: Applies to both Employee and Spouse Life | 65% at age 70; 50% at age 75 | 40-44 | $0.104 | $0.120
Employee AD&D Benefit Amount (employee must be covered for AD&D for Spouse to elect AD&D | Choice of $10,000, $25,000, $50,000, $75,000, $100,000, $125,000, $150,000 or $175,000 | EE AD&D Monthly Rate
Spouse AD&D Maximum Amount | 100% of Employee Amount | Spouse AD&D Monthly Rate
Dependent Child(ren): Live birth to 14 days | $1,000 | 45-49 | $0.127 | $0.146
Dependent Child(ren): 14 days to 6 months | $1,000 | 50-54 | $0.150 | $0.180
Dependent Child(ren): 6 months to 19 years; 26 if full time student | $10,000 | 55-59 | $0.173 | $0.210
65% at age 70; 50% at age 75 | 60-64 | $0.196 | $0.240
Employee AD&D Benefit Amount (employee must be covered for AD&D for Spouse to elect AD&D | Choice of $10,000, $25,000, $50,000, $75,000, $100,000, $125,000, $150,000 or $175,000 | Child(ren) AD&D Monthly Rate
Spouse AD&D Maximum Amount | 100% of Employee Amount | $0.027/$1,000
Dependent Child(ren): Live birth to 14 days | $1,000 | Spouse AD&D Monthly Rate | $0.028/$1,000
Dependent Child(ren): 14 days to 6 months | $1,000 | Child(ren) AD&D Monthly Rate | $0.300/$10,000
Dependent Child(ren): 6 months to 19 years; 26 if full time student | $10,000 | Rates Guaranteed until 7/1/17-age bracket changes apply at renewal

_____ I decline voluntary life insurance for myself and dependents.
_____ I elect to enroll in voluntary life insurance, subject to medical review, and authorize my employer to take the premiums post tax.

Your Signature___________________________________     Date: ______________________________