

Optional Supplemental Term Life Insurance

Optional Life is additional term life insurance coverage you can purchase for yourself as well as for your spouse and/or your dependent children. This Standard plan is in addition to the basic life employee coverage paid for by the County of York. New enrollments are required to complete a Statement of Health form available from Human Resources. The life insurance benefit and associated premium will be calculated at the beginning of each year based on the employee's salary as of January 1.

Supplemental Term Life Insurance Coverage Options

For You	1 to 5 times your basic annual earnings, to a maximum of \$350,000
For Your Spouse	\$10,000 to \$50,000 in \$10,000 increments
For Your Dependent Children*	\$2,000 to \$10,000 in \$2,000 increments

*Child(ren)'s Eligibility: Dependent children ages 15 days to 19 years old, or 23 years old if a child is a full-time student, are eligible for coverage.

Monthly Costs for Supplemental Term Life Insurance

Standard Supplemental Life Insurance rates are affordable group rates. Listed below are your monthly rates as well as those for your spouse (based on your age and the amount of coverage you want). Rates to cover your child(ren) are also shown.

Age	Your Monthly Cost Per \$1,000 of Coverage	Spouse/Domestic Partner's Monthly Cost Per \$1,000 of Coverage
Under 25	\$0.050	\$0.050
25 - 29	\$0.060	\$0.060
30 - 34	\$0.080	\$0.080
35 - 39	\$0.095	\$0.095
40 - 44	\$0.123	\$0.123
45 - 49	\$0.184	\$0.184
50 - 54	\$0.294	\$0.294
55 - 59	\$0.510	\$0.510
60 - 64	\$0.708	\$0.708
65 - 69	\$1.27	\$1.27
70 +	\$2.06	\$2.06

Cost for your Child(ren)*	\$0.95
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*Covers all eligible children

Use the table below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	\$0.095	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	100	_____
3. Monthly premium (1) X (2)	\$9.50	\$ _____