

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
2009-2010 PREMIUMS**

**OPTIONAL SUPPLEMENTAL PLAN AND MONTHLY COST
12 CHECK EMPLOYEES
GROUP TERM LIFE INSURANCE**

Coverage levels range from \$20,000 to \$250,000; however, coverage may not exceed four (4) times your annual salary (rounded to next higher benefit amount).

Your age on Sept. 1	<u>\$20,000.00</u>	<u>\$30,000.00</u>	<u>\$40,000.00</u>	<u>\$50,000.00</u>	<u>\$60,000.00</u>	<u>\$70,000.00</u>	<u>\$80,000.00</u>
Under 40	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.32	\$6.08
40 - 49	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10	\$16.45	\$18.80
50 - 54	\$6.22	\$9.33	\$12.44	\$15.55	\$18.66	\$21.77	\$24.88
55 - 59	\$12.50	\$18.75	\$25.00	\$31.25	\$37.50	\$43.75	\$50.00
60 - 64	\$17.58	\$26.37	\$35.16	\$43.95	\$52.74	\$61.53	\$70.32
65 - Over	\$19.12	\$28.68	\$38.24	\$47.80	\$57.36	\$66.92	\$76.48

Your age on Sept. 1	<u>\$90,000.00</u>	<u>\$100,000.00</u>	<u>\$120,000.00</u>	<u>\$140,000.00</u>	<u>\$160,000.00</u>	<u>\$200,000.00</u>	<u>\$250,000.00</u>
Under 40	\$6.84	\$7.60	\$9.12	\$10.64	\$12.16	\$15.20	\$19.00
40 - 49	\$21.15	\$23.50	\$28.20	\$32.90	\$37.60	\$47.00	\$58.75
50 - 54	\$27.99	\$31.10	\$37.32	\$43.54	\$49.76	\$62.20	\$77.75
55 - 59	\$56.25	\$62.50	\$75.00	\$87.50	\$100.00	\$125.00	\$156.25
60 - 64	\$79.11	\$87.90	\$105.48	\$123.06	\$140.64	\$175.80	\$219.75
65 - Over	\$86.04	\$95.60	\$114.72	\$133.84	\$152.96	\$191.20	\$239.00

PREMIUMS FOR BENEFIT AMOUNTS ABOVE \$50,000 NOT INCLUDED UNDER SECTION 125 CAFETERIA PLAN

DEPENDENT LIFE PLAN

Plan C (\$20,000 Employee Minimum)

\$20,000- Spouse
\$10,000- Eligible Children

Monthly Cost: \$5.00 per employee

Plan D (\$30,000 Employee Minimum)

\$30,000- Spouse
\$15,000- Eligible Children

Monthly Cost: \$7.50 per employee