

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

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

Coverage levels range from \$20,000 to \$250,000; however, coverage may not exceed four (4) times you 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	\$1.02	\$1.52	\$2.03	\$2.54	\$3.04	\$3.55	\$4.06
40 - 49	\$3.14	\$4.70	\$6.27	\$7.84	\$9.40	\$10.97	\$12.54
50 - 54	\$4.15	\$6.22	\$8.30	\$10.37	\$12.44	\$14.52	\$16.59
55 - 59	\$8.34	\$12.50	\$16.67	\$20.84	\$25.00	\$29.17	\$33.34
60 - 64	\$11.72	\$17.58	\$23.44	\$29.30	\$35.16	\$41.02	\$46.88
65 - Over	\$12.75	\$19.12	\$25.50	\$31.87	\$38.24	\$44.62	\$50.99

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	\$4.56	\$5.07	\$6.08	\$7.10	\$8.11	\$10.14	\$12.67
40 - 49	\$14.10	\$15.67	\$18.80	\$21.94	\$25.07	\$31.34	\$39.17
50 - 54	\$18.66	\$20.74	\$24.88	\$29.03	\$33.18	\$41.47	\$51.84
55 - 59	\$37.50	\$41.67	\$50.00	\$58.34	\$66.67	\$83.34	\$104.17
60 - 64	\$52.74	\$58.60	\$70.32	\$82.04	\$93.76	\$117.20	\$146.50
65 - Over	\$57.36	\$63.74	\$76.48	\$89.23	\$101.98	\$127.47	\$159.34

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: \$3.34 per employee

Plan D (\$30,000 Employee Minimum)

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

Monthly Cost: \$5.00 per employee