

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

**OPTIONAL SUPPLEMENTAL PLAN AND MONTHLY COST  
24 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).

<b>Your age on Sept. 1</b>	<b><u>\$20,000.00</u></b>	<b><u>\$30,000.00</u></b>	<b><u>\$40,000.00</u></b>	<b><u>\$50,000.00</u></b>	<b><u>\$60,000.00</u></b>	<b><u>\$70,000.00</u></b>	<b><u>\$80,000.00</u></b>
Under 40	\$0.76	\$1.14	\$1.52	\$1.90	\$2.28	\$2.66	\$3.04
40 - 49	\$2.35	\$3.53	\$4.70	\$5.88	\$7.05	\$8.23	\$9.40
50 - 54	\$3.11	\$4.67	\$6.22	\$7.78	\$9.33	\$10.89	\$12.44
55 - 59	\$6.25	\$9.38	\$12.50	\$15.63	\$18.75	\$21.88	\$25.00
60 - 64	\$8.79	\$13.19	\$17.58	\$21.98	\$26.37	\$30.77	\$35.16
65 - Over	\$9.56	\$14.34	\$19.12	\$23.90	\$28.68	\$33.46	\$38.24

<b>Your age on Sept. 1</b>	<b><u>\$90,000.00</u></b>	<b><u>\$100,000.00</u></b>	<b><u>\$120,000.00</u></b>	<b><u>\$140,000.00</u></b>	<b><u>\$160,000.00</u></b>	<b><u>\$200,000.00</u></b>	<b><u>\$250,000.00</u></b>
Under 40	\$3.42	\$3.80	\$4.56	\$5.32	\$6.08	\$7.60	\$9.50
40 - 49	\$10.58	\$11.75	\$14.10	\$16.45	\$18.80	\$23.50	\$29.38
50 - 54	\$14.00	\$15.55	\$18.66	\$21.77	\$24.88	\$31.10	\$38.88
55 - 59	\$28.13	\$31.25	\$37.50	\$43.75	\$50.00	\$62.50	\$78.13
60 - 64	\$39.56	\$43.95	\$52.74	\$61.53	\$70.32	\$87.90	\$109.88
65 - Over	\$43.02	\$47.80	\$57.36	\$66.92	\$76.48	\$95.60	\$119.50

**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: \$2.50 per employee**

**Plan D (\$30,000 Employee Minimum)**

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

**Monthly Cost: \$3.75 per employee**