

## Snohomish County Human Resources

### Supplemental Life Insurance Monthly Premiums

Coverage Amount	Age Bracket									
	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 and up
\$ 5,000	0.27	0.31	0.31	0.54	0.91	1.55	3.13	4.71	6.73	13.29
\$ 10,000	0.54	0.61	0.61	1.08	1.82	3.10	6.26	9.42	13.46	26.58
\$ 15,000	0.81	0.92	0.92	1.62	2.73	4.65	9.39	14.13	20.19	39.87
\$ 20,000	1.08	1.22	1.22	2.16	3.64	6.20	12.52	18.84	26.92	53.16
\$ 25,000	1.35	1.53	1.53	2.70	4.55	7.75	15.65	23.55	33.65	66.45
\$ 30,000	1.62	1.83	1.83	3.24	5.46	9.30	18.78	28.26	40.38	79.74
\$ 35,000	1.89	2.14	2.14	3.78	6.37	10.85	21.91	32.97	47.11	93.03
\$ 40,000	2.16	2.44	2.44	4.32	7.28	12.40	25.04	37.68	53.84	106.32
\$ 45,000	2.43	2.75	2.75	4.86	8.19	13.95	28.17	42.39	60.57	119.61
\$ 50,000	2.70	3.05	3.05	5.40	9.10	15.50	31.30	47.10	67.30	132.90
\$ 55,000	2.97	3.36	3.36	5.94	10.01	17.05	34.43	51.81	74.03	146.19
\$ 60,000	3.24	3.66	3.66	6.48	10.92	18.60	37.56	56.52	80.76	159.48
\$ 65,000	3.51	3.97	3.97	7.02	11.83	20.15	40.69	61.23	87.49	172.77
\$ 70,000	3.78	4.27	4.27	7.56	12.74	21.70	43.82	65.94	94.22	186.06
\$ 75,000	4.05	4.58	4.58	8.10	13.65	23.25	46.95	70.65	100.95	199.35
\$ 80,000	4.32	4.88	4.88	8.64	14.56	24.80	50.08	75.36	107.68	212.64
\$ 85,000	4.59	5.19	5.19	9.18	15.47	26.35	53.21	80.07	114.41	225.93
\$ 90,000	4.86	5.49	5.49	9.72	16.38	27.90	56.34	84.78	121.14	239.22
\$ 95,000	5.13	5.80	5.80	10.26	17.29	29.45	59.47	89.49	127.87	252.51
\$ 100,000	5.40	6.10	6.10	10.80	18.20	31.00	62.60	94.20	134.60	265.80
\$ 105,000	5.67	6.41	6.41	11.34	19.11	32.55	65.73	98.91	141.33	279.09
\$ 110,000	5.94	6.71	6.71	11.88	20.02	34.10	68.86	103.62	148.06	292.38
\$ 115,000	6.21	7.02	7.02	12.42	20.93	35.65	71.99	108.33	154.79	305.67
\$ 120,000	6.48	7.32	7.32	12.96	21.84	37.20	75.12	113.04	161.52	318.96
\$ 125,000	6.75	7.63	7.63	13.50	22.75	38.75	78.25	117.75	168.25	332.25
\$ 130,000	7.02	7.93	7.93	14.04	23.66	40.30	81.38	122.46	174.98	345.54
\$ 135,000	7.29	8.24	8.24	14.58	24.57	41.85	84.51	127.17	181.71	358.83
\$ 140,000	7.56	8.54	8.54	15.12	25.48	43.40	87.64	131.88	188.44	372.12
\$ 145,000	7.83	8.85	8.85	15.66	26.39	44.95	90.77	136.59	195.17	385.41
\$ 150,000	8.10	9.15	9.15	16.20	27.30	46.50	93.90	141.30	201.90	398.70
\$ 160,000	8.64	9.76	9.76	17.28	29.12	49.60	100.16	150.72	215.36	425.28
\$ 170,000	9.18	10.37	10.37	18.36	30.94	52.70	106.42	160.14	228.82	451.86
\$ 180,000	9.72	10.98	10.98	19.44	32.76	55.80	112.68	169.56	242.28	478.44
\$ 190,000	10.26	11.59	11.59	20.52	34.58	58.90	118.94	178.98	255.74	505.02
\$ 200,000	10.80	12.20	12.20	21.60	36.40	62.00	125.20	188.40	269.20	531.60
\$ 210,000	11.34	12.81	12.81	22.68	38.22	65.10	131.46	197.82	282.66	558.18
\$ 220,000	11.88	13.42	13.42	23.76	40.04	68.20	137.72	207.24	296.12	584.76
\$ 230,000	12.42	14.03	14.03	24.84	41.86	71.30	143.98	216.66	309.58	611.34
\$ 240,000	12.96	14.64	14.64	25.92	43.68	74.40	150.24	226.08	323.04	637.92
\$ 250,000	13.50	15.25	15.25	27.00	45.50	77.50	156.50	235.50	336.50	664.50
\$ 260,000	14.04	15.86	15.86	28.08	47.32	80.60	162.76	244.92	349.96	691.08
\$ 270,000	14.58	16.47	16.47	29.16	49.14	83.70	169.02	254.34	363.42	717.66
\$ 280,000	15.12	17.08	17.08	30.24	50.96	86.80	175.28	263.76	376.88	744.24
\$ 290,000	15.66	17.69	17.69	31.32	52.78	89.90	181.54	273.18	390.34	770.82
\$ 300,000	16.20	18.30	18.30	32.40	54.60	93.00	187.80	282.60	403.80	797.40

**Notes:**

(1) Reduction in Coverage Due to Age: (Employees only) The Hartford will reduce the Life Insurance Benefit for You by the percentages below. This reduction will be effective on the January 1st following the date You attain the ages shown below. The reduction will apply to the Amount of Life Insurance in force immediately prior to the first reduction made. Reductions also apply if: 1) You become covered under The Policy; or 2) Your coverage increases; on or after the date You attain age 70. Percentage by which original amount of coverage will be reduced by: Age 70: 35%, Age 75: 55%, 80: 70%, 85: 80%, & 90: 85%.

(2) Monthly premiums are based on rates, the covered individual's age, and election amount January of each year. Monthly premiums will automatically increase in December of the year in which you or your spouse/domestic partner move to the next age bracket.

(3) Employees may apply for Supplemental Life Insurance in increments of \$10,000. The minimum amount you may apply for is \$10,000. The maximum amount you may purchase cannot be more than 5 times your annual earnings or \$300,000, whichever is less. You may apply for Supplemental Life Insurance for your spouse/domestic partner in increments of \$5,000. The minimum amount a spouse/domestic partner may apply for is \$5,000. The maximum amount you may purchase for your spouse/domestic partner cannot be more than the lesser of \$150,000 or 50% of your combined Basic and Supplemental Life Insurance.