

To Be Completed By Human Resources

Group Number 759079	Division Class 3	Billing Category	Date of Employment
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To Be Completed By Applicant

- Apply for Coverage Name Change Former Name _____
 Add Dependent Delete Dependent Date of Add/Delete _____
 Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer Name Collier County Board of County Commissioners	Hours Worked Per Week		
Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

<p>Life Insurance (Employee)</p> <input checked="" type="checkbox"/> Basic Life with AD&D (Employer Paid) <input type="checkbox"/> Additional Life (Employee Paid) requested amount \$ _____ (See rate sheet)	<p>*Submit the EOI Health Statment application if applying for over the guarantee Issue amount</p>
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<p>Dependents Life Insurance</p> <input type="checkbox"/> Spouse Life (Employee Paid) requested amount \$ _____ (See rate sheet) <input type="checkbox"/> Child(ren) Life (Employee Paid) requested amount \$10,000 (\$1.00 per pay period)	<p>*Spouse submit the EOI Health Statment application if applying for over the guarantee Issue amount</p>
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<p>Voluntary Accidental Death and Dismemberment (AD&D) Insurance (Employee Paid)</p> <input type="checkbox"/> Your requested amount \$ _____	<p>\$30,000 (\$0.75 per pay period) \$40,000 (\$1.00 per pay period) \$50,000 (\$1.25 per pay period)</p>
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<p>Long Term Disability Insurance</p> <input type="checkbox"/> Long Term Disability Buy-up 66.67% of earnings
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Your Full Name

Beneficiary

This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*

*Total must equal 100%

Signature

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)	Date
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Your Full Name

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

DIRECTIONS FOR APPLYING FOR COVERAGE

Read the Information Practices Notice(s) on page 3. A separate form must be submitted for each applicant (Employee/Member, Spouse and/or Child) when Evidence Of Insurability or Proof of Good Health is required to apply for coverage. Complete all items, date and sign in the space at the bottom of page 2. Keep a copy for your records, and send the original to Standard Insurance Company at the address given above.

MEMBER/EMPLOYEE INFORMATION

Name of Group Collier County Board of County Commissioners		Group Number 759079	Check who is Applying (One per form) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Member/Employee Name		Birthdate (Mo/Day/Year)	Date Hired (Mo/Day/Year)	
Occupation	Salary	Social Security Number	Member/Employee Identification No.	

APPLICANT INFORMATION

Applicant's Name (Person to be insured)		Email Address		
Street Address		City	State	Zip
				Residency <input type="checkbox"/> USA <input type="checkbox"/> Other
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (Mo/Day/Year)	Birthplace	Social Security Number	Work Phone () Home Phone ()

APPLICATION INFORMATION

Type of Application (check one) Initial Increase in Coverage Late Application

Check the type and provide details on the amount of coverage you are requesting.

Long Term Disability Buy-up 66.67% of earnings = $\frac{66.67\%}{\text{Total Amount Requested}}$

Life $\frac{\text{Current Amount In Force, if any} + \text{Additional Amount Requested}}{\text{Total Amount Requested}}$ (\$500k is the max) (See Rate Sheet)

Dependents Life $\frac{\text{Current Amount In Force, if any} + \text{Additional Amount Requested}}{\text{Total Amount Requested}}$ (\$500k is the max) (\$10k max available for child)

MEDICAL HISTORY STATEMENT QUESTIONS

Check yes or no for each of these questions, and give details for any "yes" answers. Attach a separate sheet if necessary.

NOTE: Medical questions do not relate to Disability products for amounts over the Guaranteed Issue.

- Are you now unable to maintain full time employment as defined by a licensed medical professional because of any physical or mental condition, or injury? Yes No
- Has a licensed member of the medical profession ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
 - Disease of the liver, pancreas, kidney, ulcers, stomach, intestinal ailment, or any disease of the digestive system? Yes No
 - Multiple sclerosis, epilepsy, stroke, paralysis, numbness, visual disturbance, blindness, deafness, or any other neurological or muscle disorder? Yes No
 - Cancer, tumor, lesions, leukemia, lymphoma, blood clotting or other malignancy or growth? Yes No
 - Cardiovascular disease, heart ailment, arteriosclerosis, abnormal pulse, high blood pressure, heart murmur, valve, circulatory, or vascular disease? Yes No
 - Emphysema, asthma, bronchitis, sleep apnea, or other respiratory or lung disease? Yes No
 - Lupus, scleroderma, vasculitis, connective tissue disease, or an immune system disorder not related to Human Immunodeficiency Virus (HIV)? Yes No
 - Osteoarthritis, rheumatoid arthritis, osteoporosis, pain in the joints, amputations, or other disease or disorder of the bones, joints, back, or spine, arthritic or disc conditions? Yes No
 - Diabetes, thyroid, gland, spleen, or nephritis? Yes No
 - Drug or alcohol abuse, or have you used alcohol, drugs or nicotine in a manner that has resulted in medical treatment? Yes No
 - Psychiatric or mental condition, depression, Adjustment Disorder (AD), Generalized Anxiety Disorder (GAD), or Obsessive Compulsive Disorder (OCD)? Yes No
- In the past 7 years have you had any illness or injury not listed above which resulted in the use of prescribed medication or visits to a licensed member of the medical profession? Yes No
- Have you tested positive for exposure to the HIV infection or been diagnosed as having AIDS Related Complex (ARC) or AIDS caused by the HIV infection or other sickness or condition derived from such infection? Yes No
- Have you been advised by a licensed medical professional to have any operation or to schedule an appointment for an existing physical or mental condition, or injury? Yes No
- Have you been diagnosed by a licensed medical professional as currently being pregnant? Yes No

Height	Weight	Physician Name or Medical Facility with Applicant's Complete Medical Records (provide name and full mailing address)

Applicant Name	Social Security Number
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Describe any "yes" answers below. (Please provide the entire question number.)

Question Number	Description of Injuries, Disorders and Operations	Month/Year	Duration	Final Result	Physicians Consulted, City & State

ACKNOWLEDGMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION (Please read carefully.)

- I represent that the statements contained herein, including those made in response to the Medical History Statement questions and any attachments, are true and complete, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, The Standard's liability is limited to the return of any premium which may have been paid.
- To any health plan, physician, health care provider, hospital, clinic, laboratory, pharmacy, medical facility, insurance or reinsurance company, and the MIB, Inc. (MIB), I instruct you to disclose my entire medical record and any other protected health information concerning me to The Standard or its reinsurers. This includes information on any disorder of the immune system, including Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes, and any communicable or sexually transmitted disease or disorder. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any of the above to release and disclose my entire medical records without restriction.
- I understand that The Standard will use information to determine my eligibility for group insurance coverage. I understand The Standard may release information it has about me to its reinsurers and to any person performing business or legal services for The Standard in connection with my application. I understand The Standard may release information it has about me to MIB for the purpose of reporting to the MIB information exchange and for MIB to audit The Standard's reporting. I understand The Standard may release information it has about me to other insurance companies to which I have applied for insurance coverage or benefits.
- I understand that information disclosed to The Standard pursuant to authorization may be subject to redisclosure with my authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Standard is not protected under the Act.
- I understand that I am entitled to receive a copy of this authorization. This authorization will remain valid six months from the date of the signature below. A photocopy or facsimile of this authorization shall be as valid as the original.
- I understand that I have the right to refuse to sign this authorization. I further understand that I have a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.
- I understand that if my application is approved, premiums shall be paid in accordance with the provisions of the Group Policy(ies), and my coverage will be subject to all terms and conditions of the Group Policy(ies) and state limitations.
- For Member/Employee: If I currently have a Life and/or Trust Life beneficiary designation on file with my plan administrator, I understand the designation(s) on file will also apply to any approved amounts. If I have no beneficiary designation(s) on file or I wish to change the name of the current beneficiary(ies), I will contact my plan administrator.
- I understand that insurance on a Spouse or other Dependent, if any, is payable to the Member/Employee, if living, or as provided under the terms of the Group Policy(ies).
- I acknowledge that I have read and received the Information Practices Notice and I have kept a copy of this Medical History Statement.

FRAUD NOTICE
Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Applicant (or Member/Employee for Dependent Child)	Date
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Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Applicant Name	Social Security Number
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INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (MIB), formerly known as Medical Information Bureau. We will use the authorization you signed on this form when we seek this information.
- MIB – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health (including short and long term disability) insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health (including short and long term disability) insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204 or call 1-800-843-7979.

Group Additional Life Insurance

Employee Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1								
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	0.45	0.65	0.95	1.30	2.40	3.60	5.05	7.95	11.70
\$20,000	0.90	1.30	1.90	2.60	4.80	7.20	10.10	15.90	23.40
\$30,000	1.35	1.95	2.85	3.90	7.20	10.80	15.15	23.85	35.10
\$40,000	1.80	2.60	3.80	5.20	9.60	14.40	20.20	31.80	46.80
\$50,000	2.25	3.25	4.75	6.50	12.00	18.00	25.25	39.75	58.50
\$60,000	2.70	3.90	5.70	7.80	14.40	21.60	30.30	47.70	70.20
\$70,000	3.15	4.55	6.65	9.10	16.80	25.20	35.35	55.65	81.90
\$80,000	3.60	5.20	7.60	10.40	19.20	28.80	40.40	63.60	93.60
\$90,000	4.05	5.85	8.55	11.70	21.60	32.40	45.45	71.55	105.30
\$100,000	4.50	6.50	9.50	13.00	24.00	36.00	50.50	79.50	117.00
\$110,000	4.95	7.15	10.45	14.30	26.40	39.60	55.55	87.45	128.70
\$120,000	5.40	7.80	11.40	15.60	28.80	43.20	60.60	95.40	140.40
\$130,000	5.85	8.45	12.35	16.90	31.20	46.80	65.65	103.35	152.10
\$140,000	6.30	9.10	13.30	18.20	33.60	50.40	70.70	111.30	163.80
\$150,000	6.75	9.75	14.25	19.50	36.00	54.00	75.75	119.25	175.50
\$160,000	7.20	10.40	15.20	20.80	38.40	57.60	80.80	127.20	187.20
\$170,000	7.65	11.05	16.15	22.10	40.80	61.20	85.85	135.15	198.90
\$180,000	8.10	11.70	17.10	23.40	43.20	64.80	90.90	143.10	210.60
\$190,000	8.55	12.35	18.05	24.70	45.60	68.40	95.95	151.05	222.30
\$200,000	9.00	13.00	19.00	26.00	48.00	72.00	101.00	159.00	234.00
\$210,000	9.45	13.65	19.95	27.30	50.40	75.60	106.05	166.95	245.70
\$220,000	9.90	14.30	20.90	28.60	52.80	79.20	111.10	174.90	257.40
\$230,000	10.35	14.95	21.85	29.90	55.20	82.80	116.15	182.85	269.10
\$240,000	10.80	15.60	22.80	31.20	57.60	86.40	121.20	190.80	280.80
\$250,000	11.25	16.25	23.75	32.50	60.00	90.00	126.25	198.75	292.50
\$260,000	11.70	16.90	24.70	33.80	62.40	93.60	131.30	206.70	304.20
\$270,000	12.15	17.55	25.65	35.10	64.80	97.20	136.35	214.65	315.90
\$280,000	12.60	18.20	26.60	36.40	67.20	100.80	141.40	222.60	327.60
\$290,000	13.05	18.85	27.55	37.70	69.60	104.40	146.45	230.55	339.30
\$300,000	13.50	19.50	28.50	39.00	72.00	108.00	151.50	238.50	351.00
\$310,000	13.95	20.15	29.45	40.30	74.40	111.60	156.55	246.45	362.70
\$320,000	14.40	20.80	30.40	41.60	76.80	115.20	161.60	254.40	374.40
\$330,000	14.85	21.45	31.35	42.90	79.20	118.80	166.65	262.35	386.10
\$340,000	15.30	22.10	32.30	44.20	81.60	122.40	171.70	270.30	397.80
\$350,000	15.75	22.75	33.25	45.50	84.00	126.00	176.75	278.25	409.50
\$360,000	16.20	23.40	34.20	46.80	86.40	129.60	181.80	286.20	421.20
\$370,000	16.65	24.05	35.15	48.10	88.80	133.20	186.85	294.15	432.90
\$380,000	17.10	24.70	36.10	49.40	91.20	136.80	191.90	302.10	444.60
\$390,000	17.55	25.35	37.05	50.70	93.60	140.40	196.95	310.05	456.30
\$400,000	18.00	26.00	38.00	52.00	96.00	144.00	202.00	318.00	468.00
\$410,000	18.45	26.65	38.95	53.30	98.40	147.60	207.05	325.95	479.70
\$420,000	18.90	27.30	39.90	54.60	100.80	151.20	212.10	333.90	491.40
\$430,000	19.35	27.95	40.85	55.90	103.20	154.80	217.15	341.85	503.10
\$440,000	19.80	28.60	41.80	57.20	105.60	158.40	222.20	349.80	514.80
\$450,000	20.25	29.25	42.75	58.50	108.00	162.00	227.25	357.75	526.50
\$460,000	20.70	29.90	43.70	59.80	110.40	165.60	232.30	365.70	538.20
\$470,000	21.15	30.55	44.65	61.10	112.80	169.20	237.35	373.65	549.90
\$480,000	21.60	31.20	45.60	62.40	115.20	172.80	242.40	381.60	561.60
\$490,000	22.05	31.85	46.55	63.70	117.60	176.40	247.45	389.55	573.30
\$500,000	22.50	32.50	47.50	65.00	120.00	180.00	252.50	397.50	585.00

Group Additional Life Insurance

Employee Life Semi-Monthly Premiums (Continued)

Coverage Amount	Employee's Age as of January 1					
	75-79*	80-84*	85-89*	90-94*	95-99*	100+*
\$10,000	7.02	4.10	3.28	2.34	0.94	0.59
\$20,000	14.04	8.19	6.55	4.68	1.87	1.17
\$30,000	21.06	12.29	9.83	7.02	2.81	1.76
\$40,000	28.08	16.38	13.10	9.36	3.74	2.34
\$50,000	35.10	20.48	16.38	11.70	4.68	2.93
\$60,000	42.12	24.57	19.66	14.04	5.62	3.51
\$70,000	49.14	28.67	22.93	16.38	6.55	4.10
\$80,000	56.16	32.76	26.21	18.72	7.49	4.68
\$90,000	63.18	36.86	29.48	21.06	8.42	5.27
\$100,000	70.20	40.95	32.76	23.40	9.36	5.85
\$110,000	77.22	45.05	36.04	25.74	10.30	6.44
\$120,000	84.24	49.14	39.31	28.08	11.23	7.02
\$130,000	91.26	53.24	42.59	30.42	12.17	7.61
\$140,000	98.28	57.33	45.86	32.76	13.10	8.19
\$150,000	105.30	61.43	49.14	35.10	14.04	8.78
\$160,000	112.32	65.52	52.42	37.44	14.98	9.36
\$170,000	119.34	69.62	55.69	39.78	15.91	9.95
\$180,000	126.36	73.71	58.97	42.12	16.85	10.53
\$190,000	133.38	77.81	62.24	44.46	17.78	11.12
\$200,000	140.40	81.90	65.52	46.80	18.72	11.70
\$210,000	147.42	86.00	68.80	49.14	19.66	12.29
\$220,000	154.44	90.09	72.07	51.48	20.59	12.87
\$230,000	161.46	94.19	75.35	53.82	21.53	13.46
\$240,000	168.48	98.28	78.62	56.16	22.46	14.04
\$250,000	175.50	102.38	81.90	58.50	23.40	14.63
\$260,000	182.52	106.47	85.18	60.84	24.34	15.21
\$270,000	189.54	110.57	88.45	63.18	25.27	15.80
\$280,000	196.56	114.66	91.73	65.52	26.21	16.38
\$290,000	203.58	118.76	95.00	67.86	27.14	16.97
\$300,000	210.60	122.85	98.28	70.20	28.08	17.55
\$310,000	217.62	126.95	101.56	72.54	29.02	18.14
\$320,000	224.64	131.04	104.83	74.88	29.95	18.72
\$330,000	231.66	135.14	108.11	77.22	30.89	19.31
\$340,000	238.68	139.23	111.38	79.56	31.82	19.89
\$350,000	245.70	143.33	114.66	81.90	32.76	20.48
\$360,000	252.72	147.42	117.94	84.24	33.70	21.06
\$370,000	259.74	151.52	121.21	86.58	34.63	21.65
\$380,000	266.76	155.61	124.49	88.92	35.57	22.23
\$390,000	273.78	159.71	127.76	91.26	36.50	22.82
\$400,000	280.80	163.80	131.04	93.60	37.44	23.40
\$410,000	287.82	167.90	134.32	95.94	38.38	23.99
\$420,000	294.84	171.99	137.59	98.28	39.31	24.57
\$430,000	301.86	176.09	140.87	100.62	40.25	25.16
\$440,000	308.88	180.18	144.14	102.96	41.18	25.74
\$450,000	315.90	184.28	147.42	105.30	42.12	26.33
\$460,000	322.92	188.37	150.70	107.64	43.06	26.91
\$470,000	329.94	192.47	153.97	109.98	43.99	27.50
\$480,000	336.96	196.56	157.25	112.32	44.93	28.08
\$490,000	343.98	200.66	160.52	114.66	45.86	28.67
\$500,000	351.00	204.75	163.80	117.00	46.80	29.25

* Coverage amounts for ages 75 and over reduce due to age reduction (see Life Insurance Age Reductions section).

3

Group Additional Life Insurance

Spouse Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1								
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	0.45	0.65	0.95	1.30	2.40	3.60	5.05	7.95	11.70
\$20,000	0.90	1.30	1.90	2.60	4.80	7.20	10.10	15.90	23.40
\$30,000	1.35	1.95	2.85	3.90	7.20	10.80	15.15	23.85	35.10
\$40,000	1.80	2.60	3.80	5.20	9.60	14.40	20.20	31.80	46.80
\$50,000	2.25	3.25	4.75	6.50	12.00	18.00	25.25	39.75	58.50
\$60,000	2.70	3.90	5.70	7.80	14.40	21.60	30.30	47.70	70.20
\$70,000	3.15	4.55	6.65	9.10	16.80	25.20	35.35	55.65	81.90
\$80,000	3.60	5.20	7.60	10.40	19.20	28.80	40.40	63.60	93.60
\$90,000	4.05	5.85	8.55	11.70	21.60	32.40	45.45	71.55	105.30
\$100,000	4.50	6.50	9.50	13.00	24.00	36.00	50.50	79.50	117.00
\$110,000	4.95	7.15	10.45	14.30	26.40	39.60	55.55	87.45	128.70
\$120,000	5.40	7.80	11.40	15.60	28.80	43.20	60.60	95.40	140.40
\$130,000	5.85	8.45	12.35	16.90	31.20	46.80	65.65	103.35	152.10
\$140,000	6.30	9.10	13.30	18.20	33.60	50.40	70.70	111.30	163.80
\$150,000	6.75	9.75	14.25	19.50	36.00	54.00	75.75	119.25	175.50
\$160,000	7.20	10.40	15.20	20.80	38.40	57.60	80.80	127.20	187.20
\$170,000	7.65	11.05	16.15	22.10	40.80	61.20	85.85	135.15	198.90
\$180,000	8.10	11.70	17.10	23.40	43.20	64.80	90.90	143.10	210.60
\$190,000	8.55	12.35	18.05	24.70	45.60	68.40	95.95	151.05	222.30
\$200,000	9.00	13.00	19.00	26.00	48.00	72.00	101.00	159.00	234.00
\$210,000	9.45	13.65	19.95	27.30	50.40	75.60	106.05	166.95	245.70
\$220,000	9.90	14.30	20.90	28.60	52.80	79.20	111.10	174.90	257.40
\$230,000	10.35	14.95	21.85	29.90	55.20	82.80	116.15	182.85	269.10
\$240,000	10.80	15.60	22.80	31.20	57.60	86.40	121.20	190.80	280.80
\$250,000	11.25	16.25	23.75	32.50	60.00	90.00	126.25	198.75	292.50
\$260,000	11.70	16.90	24.70	33.80	62.40	93.60	131.30	206.70	304.20
\$270,000	12.15	17.55	25.65	35.10	64.80	97.20	136.35	214.65	315.90
\$280,000	12.60	18.20	26.60	36.40	67.20	100.80	141.40	222.60	327.60
\$290,000	13.05	18.85	27.55	37.70	69.60	104.40	146.45	230.55	339.30
\$300,000	13.50	19.50	28.50	39.00	72.00	108.00	151.50	238.50	351.00
\$310,000	13.95	20.15	29.45	40.30	74.40	111.60	156.55	246.45	362.70
\$320,000	14.40	20.80	30.40	41.60	76.80	115.20	161.60	254.40	374.40
\$330,000	14.85	21.45	31.35	42.90	79.20	118.80	166.65	262.35	386.10
\$340,000	15.30	22.10	32.30	44.20	81.60	122.40	171.70	270.30	397.80
\$350,000	15.75	22.75	33.25	45.50	84.00	126.00	176.75	278.25	409.50
\$360,000	16.20	23.40	34.20	46.80	86.40	129.60	181.80	286.20	421.20
\$370,000	16.65	24.05	35.15	48.10	88.80	133.20	186.85	294.15	432.90
\$380,000	17.10	24.70	36.10	49.40	91.20	136.80	191.90	302.10	444.60
\$390,000	17.55	25.35	37.05	50.70	93.60	140.40	196.95	310.05	456.30
\$400,000	18.00	26.00	38.00	52.00	96.00	144.00	202.00	318.00	468.00
\$410,000	18.45	26.65	38.95	53.30	98.40	147.60	207.05	325.95	479.70
\$420,000	18.90	27.30	39.90	54.60	100.80	151.20	212.10	333.90	491.40
\$430,000	19.35	27.95	40.85	55.90	103.20	154.80	217.15	341.85	503.10
\$440,000	19.80	28.60	41.80	57.20	105.60	158.40	222.20	349.80	514.80
\$450,000	20.25	29.25	42.75	58.50	108.00	162.00	227.25	357.75	526.50
\$460,000	20.70	29.90	43.70	59.80	110.40	165.60	232.30	365.70	538.20
\$470,000	21.15	30.55	44.65	61.10	112.80	169.20	237.35	373.65	549.90
\$480,000	21.60	31.20	45.60	62.40	115.20	172.80	242.40	381.60	561.60
\$490,000	22.05	31.85	46.55	63.70	117.60	176.40	247.45	389.55	573.30
\$500,000	22.50	32.50	47.50	65.00	120.00	180.00	252.50	397.50	585.00

Child Life Semi-Monthly Premium

Coverage Amount	Premium
\$10,000	1.00