

2022 Optional Term Life Coverage Rates

If you're a regular or fixed term employee, you can enroll in Optional Term Life coverage for yourself, your spouse or domestic partner, and/or your dependent children. You pay the full cost of coverage on an after-tax basis. For coverage for you or your spouse or domestic partner, your cost is based on the coverage amount elected and on the age and tobacco or nicotine use status of the person being insured. For coverage for eligible children, your cost (shown below) is the same no matter how many children are covered.

Optional Term Life coverage

If you're enrolling in or increasing Optional Term Life coverage for yourself after your initial enrollment period, or if you're electing coverage of more than four times your annual covered pay during your initial enrollment, you're subject to the Statement of Health approval process as detailed in the *Benefits Book*. The following rates show your per-pay-period contributions per \$1,000 of coverage.

	Age ≤ 34	Age 35 – 39	Age 40 – 44	Age 45 – 49	Age 50 – 54	Age 55 – 59	Age 60 – 64	Age 65 – 69	Age 70 – 74	Age 75+
Tobacco or nicotine user rate	\$0.018	\$0.024	\$0.030	\$0.048	\$0.087	\$0.150	\$0.258	\$0.435	\$0.699	\$0.903
Nonuser rate	\$0.012	\$0.018	\$0.024	\$0.036	\$0.047	\$0.082	\$0.159	\$0.270	\$0.467	\$0.817

Calculate your cost per pay period

1	Your annual covered pay ¹	=	
2	Multiply by coverage (1x to 10x covered pay)	x	=
3	Divide by 1,000	/1,000	=
4	Multiply by cost from chart above	x	=
			per pay period

Example

	\$35,000	
=	\$70,000	(2x covered pay)
=	70	
=	\$1.26	(age 38 tobacco or nicotine nonuser rate of \$0.018)
	per pay period	

¹Certain mortgage and commission (Variable Incentive Compensation) employees have alternative definitions of covered pay for the purposes of determining Optional Term Life coverage. See the *Benefits Book* for details.

Spouse/Domestic Partner Optional Term Life coverage

If you're enrolling in or increasing Optional Term Life coverage for your spouse or domestic partner after your initial enrollment period, or if you're electing more than \$25,000 in coverage during your initial enrollment, your spouse or domestic partner is subject to the Statement of Health approval process, as detailed in the *Benefits Book*. The following rates show your per-pay-period contributions per \$1,000 of coverage.

	Age ≤ 24	Age 25 – 29	Age 30 – 34	Age 35 – 39	Age 40 – 44	Age 45 – 49	Age 50 – 54	Age 55 – 59	Age 60 – 64	Age 65 – 69	Age 70+
Tobacco or nicotine user rate	\$0.032	\$0.039	\$0.053	\$0.060	\$0.067	\$0.101	\$0.157	\$0.300	\$0.472	\$0.922	\$1.683
Nonuser rate	\$0.016	\$0.019	\$0.026	\$0.030	\$0.034	\$0.052	\$0.079	\$0.151	\$0.237	\$0.461	\$0.841

Calculate your cost per pay period

- 1 Coverage (multiple of \$25,000, up to \$250,000) =
- 2 Divide by 1,000 /1,000 =
- 3 Multiply by cost from chart above x = = per pay period

Example

= \$25,000

= 25

= **\$0.65** (age 34 tobacco or nicotine nonuser rate of \$0.026)
per pay period

Dependent coverage

The rate shown below is your contribution per pay period for all eligible children.

See the *Benefits Book* for eligibility details.

\$20,000 for each eligible child	\$0.64
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