

Clermont County Voluntary Life and Accidental Death Dismemberment Insurance Effective 1/1/2019

GI (GUARANTEED ISSUE): is the amount of insurance you can obtain as a new hire without submitting medical information.

GI Amounts: New Hire Employee = \$250,000 (up to 3x annual salary); Up to 5x annual salary with approved EOI (max \$250k); Spouse = \$50,000* (up to \$100k with approved EOI; Children = \$20,000 (up to age 26).

***Employee coverage is required to carry spouse or child life; the amount must be equal to or greater than the amount requested for dependents.**

The rates shown are based on semi-monthly (2 pays per month / 24 pays per calendar year).

Age	Mthly Rate per \$1000	Coverage amounts available for employees and spouses (note: spouse amounts over \$50k require approval - Complete an EOI form).										Employees only		
		\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
Less than 30	0.0800	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	\$4.40	\$4.80	\$5.20
30 -34	0.0800	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	\$4.40	\$4.80	\$5.20
35 - 39	0.1200	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
40 - 44	0.1600	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00	\$8.80	\$9.60	\$10.40
45- 49	0.2240	\$1.12	\$2.24	\$3.36	\$4.48	\$5.60	\$6.72	\$7.84	\$8.96	\$10.08	\$11.20	\$12.32	\$13.44	\$14.56
50 - 54	0.3440	\$1.72	\$3.44	\$5.16	\$6.88	\$8.60	\$10.32	\$12.04	\$13.76	\$15.48	\$17.20	\$18.92	\$20.64	\$22.36
55 - 59	0.5480	\$2.74	\$5.48	\$8.22	\$10.96	\$13.70	\$16.44	\$19.18	\$21.92	\$24.66	\$27.40	\$30.14	\$32.88	\$35.62
60 - 64	0.7680	\$3.84	\$7.68	\$11.52	\$15.36	\$19.20	\$23.04	\$26.88	\$30.72	\$34.56	\$38.40	\$42.24	\$46.08	\$49.92
65 - 69	1.2600	\$6.30	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80	\$44.10	\$50.40	\$56.70	\$63.00	\$69.30	\$75.60	\$81.90
70 - 74	2.2800	\$11.40	\$22.80	\$34.20	\$45.60	\$57.00	\$68.40	\$79.80	\$91.20	\$102.60	\$114.00	\$125.40	\$136.80	\$148.20
75+	4.6280	\$23.14	\$46.28	\$69.42	\$92.56	\$115.70	\$138.84	\$161.98	\$185.12	\$208.26	\$231.40	\$254.54	\$277.68	\$300.82

Age	Mthly Rate per \$1000	Employees only											
		\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000
Less than 30	0.0800	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00
30 -34	0.0800	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00
35 - 39	0.1200	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00
40 - 44	0.1600	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00
45- 49	0.2240	\$15.68	\$16.80	\$17.92	\$19.04	\$20.16	\$21.28	\$22.40	\$23.52	\$24.64	\$25.76	\$26.88	\$28.00
50 - 54	0.3440	\$24.08	\$25.80	\$27.52	\$29.24	\$30.96	\$32.68	\$34.40	\$36.12	\$37.84	\$39.56	\$41.28	\$43.00
55 - 59	0.5480	\$38.36	\$41.10	\$43.84	\$46.58	\$49.32	\$52.06	\$54.80	\$57.54	\$60.28	\$63.02	\$65.76	\$68.50
60 - 64	0.7680	\$53.76	\$57.60	\$61.44	\$65.28	\$69.12	\$72.96	\$76.80	\$80.64	\$84.48	\$88.32	\$92.16	\$96.00
65 - 69	1.2600	\$88.20	\$94.50	\$100.80	\$107.10	\$113.40	\$119.70	\$126.00	\$132.30	\$138.60	\$144.90	\$151.20	\$157.50
70 - 74	2.2800	\$159.60	\$171.00	\$182.40	\$193.80	\$205.20	\$216.60	\$228.00	\$239.40	\$250.80	\$262.20	\$273.60	\$285.00
75+	4.6280	\$323.96	\$347.10	\$370.24	\$393.38	\$416.52	\$439.66	\$462.80	\$485.94	\$509.08	\$532.22	\$555.36	\$578.50

During open enrollment you can:

- 1) add or increase coverage for yourself up to \$20,000 but not more than \$250,000 employee;
- 2) increase spouse coverage by up to \$10,000 without an EOI, but not more than a total of \$50,000.

IMPORTANT: you cannot carry more voluntary life on your spouse or children than you carry on yourself.

NOTE: One rate covers all eligible children.
Your children / step-children up to age 26

Children:			
\$5,000	\$10,000	\$15,000	\$20,000
\$0.30	\$0.60	\$0.90	\$1.20

ADDITIONAL COVERAGE:

To apply for additional coverage for your spouse, please complete an EOI form and return it to the Benefits Office.