

# Voluntary Group Term Life Insurance (VGTLI) Premium Calculation

**Effective January 1 – December 31, 2012**

## Monthly Rate Table

Employee or Spouse Rates per \$1,000

Age	Tobacco Use	
	No	Yes
Under 30	.06	.12
30-34	.08	.16
35-39	.09	.18
40-44	.10	.20
45-49	.15	.30
50-54	.23	.46
55-59	.43	.86
60-64	.66	1.32
65-69	1.27	2.54
70 & Over	2.06	4.12

## Biweekly Rate Table

Employee or Spouse Rates per \$1,000

Age	Tobacco Use	
	No	Yes
Under 30	.03	.06
30-34	.04	.07
35-39	.04	.08
40-44	.05	.09
45-49	.07	.14
50-54	.11	.21
55-59	.20	.40
60-64	.30	.61
65-69	.59	1.17
70 & Over	.95	1.90

## Dependent Child(ren) Rate Table

Rate for all eligible dependent children

Coverage Amount	Monthly Rate	Biweekly Rate
\$5,000	.40	.18
\$10,000	.80	.37

## Premium Calculator

(Example Based on Monthly Premium Rate Table)

Column A Covered Person	Column B Age of Covered Person	Column C Tobacco User No/Yes	Column D Amount of Insurance Requested	Column E Number of Units (D / 1,000)	Column F Amount from Rate Table	Column G Per Pay Premium Amount (E x F)
Example:	35	No	50,000	50	.09	\$4.50 per month (monthly paid)
Employee:						
Spouse:						
Child(ren):						In the box below, enter the rate from the Dependent Child Rate Table that corresponds with the coverage amount in Column D of this row
<b>Your Total Payroll Deduction Amount:</b> (add column G – do not include the premium rate from the example)						

**Note:** Minnesota Life Insurance Company underwrites the Minnesota Life Voluntary Group Term Life Insurance coverage. This benefit is intended to be a brief outline of benefits available to you and your eligible dependents.

It does not include all the terms of coverage. The entire terms are contained in the Application, Policy, Certificate, and/or Trust Agreement. In the event of a conflict among the Policy, Certificate, and/or Trust Agreement and this document, the Policy, Certificate, and/or Trust Agreement will prevail. This product may not be available in all states.