

Carrollton Farmers Branch Independent School District Employee Optional Life Rate Worksheet

Employee: \$10,000 Increments

Maximum: Lesser of 7 times pay or \$500,000

EOI* Level: \$150,000

To calculate monthly Premium:

1. Locate the amount of coverage you wish to select along the top row of the Employee table. Then locate your age bracket along the left column of the table. Your monthly premium is the amount located where the row and column you have identified meet. If the amount you wish to select is greater than \$200,000 select one of the top roll numbers that when multiplied by another number, results in your desired life amount (example: selecting the rate for \$250,000 can be obtained by multiplying the appropriate rate for your age for \$50,000 times 5).

Employee Table

Employee Age Brackets	Rate Per 1000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	0.035	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
25 to 29	0.041	\$0.41	\$0.82	\$1.23	\$1.64	\$2.05	\$2.46	\$2.87	\$3.28	\$3.69	\$4.10
30 to 34	0.046	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.22	\$3.68	\$4.14	\$4.60
35 to 39	0.057	\$0.57	\$1.14	\$1.71	\$2.28	\$2.85	\$3.42	\$3.99	\$4.56	\$5.13	\$5.70
40 to 44	0.087	\$0.87	\$1.74	\$2.61	\$3.48	\$4.35	\$5.22	\$6.09	\$6.96	\$7.83	\$8.70
45 to 49	0.145	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$13.05	\$14.50
50 to 54	0.229	\$2.29	\$4.58	\$6.87	\$9.16	\$11.45	\$13.74	\$16.03	\$18.32	\$20.61	\$22.90
55 to 59	0.405	\$4.05	\$8.10	\$12.15	\$16.20	\$20.25	\$24.30	\$28.35	\$32.40	\$36.45	\$40.50
60 to 64	0.530	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00
65 to 69	0.980	\$9.80	\$19.60	\$29.40	\$39.20	\$49.00	\$58.80	\$68.60	\$78.40	\$88.20	\$98.00
70 & Over	1.568	\$15.68	\$31.36	\$47.04	\$62.72	\$78.40	\$94.08	\$109.76	\$125.44	\$141.12	\$156.80
	Rate Per 1000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 25	0.035	\$3.85	\$4.20	\$4.55	\$4.90	\$5.25	\$5.60	\$5.95	\$6.30	\$6.65	\$7.00
25 to 29	0.041	\$4.51	\$4.92	\$5.33	\$5.74	\$6.15	\$6.56	\$6.97	\$7.38	\$7.79	\$8.20
30 to 34	0.046	\$5.06	\$5.52	\$5.98	\$6.44	\$6.90	\$7.36	\$7.82	\$8.28	\$8.74	\$9.20
35 to 39	0.057	\$6.27	\$6.84	\$7.41	\$7.98	\$8.55	\$9.12	\$9.69	\$10.26	\$10.83	\$11.40
40 to 44	0.087	\$9.57	\$10.44	\$11.31	\$12.18	\$13.05	\$13.92	\$14.79	\$15.66	\$16.53	\$17.40
45 to 49	0.145	\$15.95	\$17.40	\$18.85	\$20.30	\$21.75	\$23.20	\$24.65	\$26.10	\$27.55	\$29.00
50 to 54	0.229	\$25.19	\$27.48	\$29.77	\$32.06	\$34.35	\$36.64	\$38.93	\$41.22	\$43.51	\$45.80
55 to 59	0.405	\$44.55	\$48.60	\$52.65	\$56.70	\$60.75	\$64.80	\$68.85	\$72.90	\$76.95	\$81.00
60 to 64	0.530	\$58.30	\$63.60	\$68.90	\$74.20	\$79.50	\$84.80	\$90.10	\$95.40	\$100.70	\$106.00
65 to 69	0.980	\$107.80	\$117.60	\$127.40	\$137.20	\$147.00	\$156.80	\$166.60	\$176.40	\$186.20	\$196.00
70 & Over	1.568	\$172.48	\$188.16	\$203.84	\$219.52	\$235.20	\$250.88	\$266.56	\$282.24	\$297.92	\$313.60

*Evidence of Insurability – anything over this amount requires a Statement of Health form.

** Rates are guaranteed until 12/31/2008

$$\text{Employee Premium} + \text{Total Dependent Premium} = \text{Total Monthly Premium}$$