

## 2027 Supplemental Group Term Life for Employee and Spouse/Domestic Partner

| <b>Your Age</b> | <b>Monthly cost per \$1,000 of coverage</b> |
|-----------------|---------------------------------------------|
| 18-29           | \$0.032                                     |
| 30-34           | \$0.047                                     |
| 35-39           | \$0.063                                     |
| 40-44           | \$0.088                                     |
| 45-49           | \$0.149                                     |
| 50-54           | \$0.227                                     |
| 55-59           | \$0.354                                     |
| 60-64           | \$0.541                                     |
| 65+             | \$0.942                                     |

## 2027 Supplemental Group Term Life for Children

(one coverage amount and monthly cost covers all eligible children)

| <b>Amount of coverage</b> | <b>Monthly cost</b> |
|---------------------------|---------------------|
| \$2,000                   | \$0.36              |
| \$5,000                   | \$0.90              |
| \$10,000                  | \$1.80              |

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