

<b>LIFE INSURANCE, ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>				
<b>Unum (<a href="http://www.unum.com">www.unum.com</a>)</b>				
	<b>Employee Basic Life Benefit (includes AD&amp;D)</b>	<b>Supplemental Life</b>	<b>Spousal Life</b>	<b>Child Life</b>
Benefit Amount	1 x Salary – Max \$250,000	Option A: 1 x Salary – Max \$250,000	\$10,000	\$5,000
	2 x Salary (10 yrs. + Svc) – Max \$350,000	Option B: 2 x Salary – Max \$500,000		
Monthly Employee Share of Premium	N/A	See age banded rates below	See age banded rates below	\$1.095 per family
Monthly Employer Share of Premium	Total - \$0.147 per \$1000 Covered Salary	N/A	N/A	N/A
	Basic Life - \$0.119/\$1000			
	AD&D - \$0.028/\$1000			
An evidence of insurability questionnaire is required if the amount of your life coverage (basic plus supplemental) exceeds \$300,000.				
Total Maximum Coverage Amounts are equal to basic maximum plus the supplemental maximum.				

<b>LONG TERM DISABILITY*</b>	
<b>Unum (<a href="http://www.unum.com">www.unum.com</a>)</b>	
	<b>Long Term Disability</b>
Benefit Amount	60% of monthly earnings
Total Maximum Coverage Allowed	\$7,500 per month
Elimination Period	180 days
Total Monthly Premium	\$0.273 per \$100 of covered salary
Monthly Employee Share of Premium	\$0.136 per \$100 of covered salary
Monthly Employer Share of Premium	\$0.135 per \$100 of covered salary
*Individuals utilizing the Long Term Disability benefit should note that the portion of the benefit they receive that is attributable to the employer will be subject to taxes; only the employee portion of the premium is paid utilizing post tax dollars. Please consult with the Unum representative processing your claim and your tax advisor.	
*An evidence of insurability questionnaire is required if you are enrolling at a time other than at the time of hire.	

Note: This is only a summary. Detailed plan descriptions can be obtained online at [www.jcu.edu/hr](http://www.jcu.edu/hr) or from the JCU Human Resources Department

**AGE BANDED RATE TABLE**

Age Band	Employee Supplemental Life Monthly Rate	Spousal Life Monthly Rate
<25	\$0.05 / \$1000	\$0.0672 / \$1000
25-29	\$0.06 / \$1000	\$0.0576 / \$1000
30-34	\$0.08 / \$1000	\$0.0614 / \$1000
35-39	\$0.09 / \$1000	\$0.0826 / \$1000
40-44	\$0.10 / \$1000	\$0.1171 / \$1000
45-49	\$0.15 / \$1000	\$0.1824 / \$1000
50-54	\$0.23 / \$1000	\$0.2861 / \$1000
55-59	\$0.43 / \$1000	\$0.4416 / \$1000
60-64	\$0.66 / \$1000	\$0.7613 / \$1000
65-69	\$1.27 / \$1000	\$1.3123 / \$1000
>70	\$2.06 / \$1000	\$3.0557 / \$1000

**SAMPLE CALCULATIONS**

Product	Age	Salary	Coverage Amount	Calculation	Monthly Rate
Employee Supplemental Life – 1x Salary	37	\$42,000	\$42,000	$(\$42,000 / \$1000) \$0.09$	= \$3.78
Employee Supplemental Life – 2x Salary	45	\$64,000	\$128,000	$(\$128,000 / \$1000) \$0.15$	= \$19.20
Spousal Life	43 (spouse)	n/a	\$10,000	$(\$10,000 / \$1000) \$0.1171$	= \$1.71
Long Term Disability	n/a	\$52,000	60% of covered monthly salary (\$4,333.33)	$\$0.136 (\$4,333.33 / \$100)$	= \$5.89

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