SUPPLEMENTAL LIFE INSURANCE
For
Jacksonville State University Employees

Supplemental Life Program

Select your coverage option: **One, two, or three times** your base annual salary rounded to the nearest $1.00. Minimum: $1,000; **Maximum: $300,000**.

*Employee benefits reduce 35% of the original amount at age 70; and an additional 35% every 5 years until age 100. All benefits terminate at retirement.

**NOTE:** Employees currently enrolled in the supplemental life program may increase their current supplemental life coverage selection by one level. For example:
1) Employees currently enrolled for a one times base salary plan, may increase his/her coverage selection to two times his/her base salary.
2) Employees currently enrolled for a two times base salary plan, may increase his/her coverage selection to three times his/her base salary.

**Rate:** $0.25 per $1,000

**Premium Calculation - Example** (The following example is based on the following:
Employee: Age 30; Annual salary $42,500
Coverage: One times annual salary - $43,000*

* rounded to the nearest $1.00.

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Monthly Premium (per $1,000 of coverage)</th>
<th>Coverage Amount ÷ 1,000</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Life</td>
<td>$.25</td>
<td>$43,000 ÷ 1,000</td>
<td>$10.75</td>
</tr>
</tbody>
</table>

**YOUR PREMIUM CALCULATION**

<table>
<thead>
<tr>
<th>Coverage Option</th>
<th>Monthly Premium (per $1,000 of coverage)</th>
<th>Coverage Amount ÷ 1,000</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Life</td>
<td>$.25</td>
<td>$_______ ÷ 1,000</td>
<td>$_______</td>
</tr>
</tbody>
</table>

To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.
To determine Bi-weekly Premium, multiple Monthly Premium by 12, and then divide by 26.
To determine Semi-monthly Premium, multiply Monthly Premium by 12, and then divide by 24.

This Premium Cost Chart is for illustrative purposes only; Refer to a certificate or enrollment brochure for details about coverage features and limitations.
**SUPPLEMENTAL LIFE WORKSHEET**

**How much coverage do I need?**

Listing the following information can help determine the amount of life insurance coverage you or your family members may need:

<table>
<thead>
<tr>
<th>Life Insurance Coverage Currently In-force:</th>
<th>Employee</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Group Life Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Life Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Life Insurance Coverage</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Obligations:**

- Funds necessary to provide for living expenses upon death of spouse
- Mortgage Loan Balance
- Automobile Loan Balance(s)
- **Credit Card Balance(s)**
- Other Loan Balance(s)
- Education Fund
- Emergency Fund
- Funeral Expenses

**Total Needs**

Subtract Your Obligations from your Current Insurance Coverage In-force (from above):

Your Insurance Needs Are: