



## Rate Sheet

### UNION BENEFITS TRUST

All Eligible Full-Time Active Members

Issued by The Prudential Insurance Company of America

Effective: 07/01/2020

#### Cost of Supplemental Term Life Insurance for You and Your Spouse

(Rate per \$10,000 of Coverage)

**Member:** Coverage is available in increments of \$10,000 to a maximum of \$600,000, not to exceed 8.0 times your covered annual earnings.

**Spouse:** Coverage is available in increments of \$10,000 to a maximum of \$40,000.

Refer to the Supplemental Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

Member / Spouse Age	Member / Spouse Non-Smoker Rate	Member / Spouse Smoker Rate
< 30	\$0.488	\$0.644
30 - 34	\$0.598	\$0.800
35 - 39	\$0.681	\$0.948
40 - 44	\$1.000	\$1.454
45 - 49	\$1.500	\$2.420
50 - 54	\$2.300	\$3.726
55 - 59	\$4.158	\$5.538
60 - 64	\$6.302	\$8.492
65 - 69	\$10.230	\$15.244
70+	\$17.342	\$27.287

#### Example

A 35 year-old employee elects  
A 35 year-old spouse elects

\$60,000 of Supplemental Term Life for themselves  
\$30,000 of Supplemental Term Life for themselves

Employee Monthly Cost	\$4.086 (\$60,000 / 10,000 x \$0.681)
Spouse Monthly Cost	\$2.043 (\$30,000 / 10,000 x \$0.681)
Child Monthly Cost	\$1.19 (\$10,000 / 10,000 x \$0.119)

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse rate is based on Spouse's age.

#### Children - Supplemental Dependent Term Life Monthly Cost per Coverage Amount

One premium rate covers all eligible children  
Coverage is available for \$7,000.

\$7,000  
\$0.83

Rates may change if plan experience requires a change for all insureds.

		Member	Spouse
<b>Step 1</b>	Enter the amount of Employee and Spouse coverage you wish to purchase.	\$ <input type="text"/>	\$ <input type="text"/>
<b>Step 2</b>	Divide the coverage amounts by 10,000.	\$ <input type="text"/>	\$ <input type="text"/>
<b>Step 3</b>	Multiply the dollar amounts in Step 2 by the cost of coverage per \$10,000 of coverage, according to your age, that you'll find in the chart that follows. This gives you the monthly cost of insurance.	\$ <input type="text"/>	\$ <input type="text"/>
<b>Step 4</b>	Determine the amount of Children coverage you wish to purchase. Using the chart that follows, enter the cost.	\$ <input type="text"/>	
<b>TOTAL COST FOR FAMILY</b>		\$ <input type="text"/>	

***Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.***

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

\*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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