Voluntary Life Insurance

Sun Life

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

Since most people would have trouble paying living expenses after several months if their primary wage earner died,* it may be worth asking, who depends on you?

Benefits

For you
You can choose from **$5,000 to $500,000**—in increments of $5,000, **not to exceed 5 times** your basic annual earnings—with no medical questions asked **up to the Guaranteed Issue amount of $200,000**.
The benefit amount is reduced to 67% at age 67, to 45% at age 70, to 30% at age 75, and to 20% at age 80
Your coverage ends at termination of employment or retirement.

Trustees of the College of the Holy Cross | All Eligible Employees | Policy # 900760
Sun Life Assurance Company of Canada

For your spouse

If you elect coverage for yourself, you can choose from **$5,000 to $250,000**—in increments of $5,000 —with no medical questions asked **up to the Guaranteed Issue amount of $50,000**.

(The amount you select for your spouse cannot exceed 100% of your coverage amount.)

Spouse rates are based on spouse age.

The benefit amount is reduced to 67% when your spouse turns age 67, to 45% at age 70, to 30% at age 75, and to 20% at age 80.

For your child(ren)

If you elect coverage for yourself, you can choose **$5,000 or $10,000**—with no medical questions asked.

(The amount you select for your child(ren) cannot exceed 50% of your coverage amount.)

The benefit amount may be reduced when the employee benefit amount is reduced.

A full benefit is payable for a dependent child from birth to 20 years old or to age 24 if a full-time student.

Additional considerations

If I become terminally ill

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.

If I become Totally Disabled

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

If I leave my employer

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

If I've had a life change

You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life FAQ

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

If you have other questions about Voluntary Life insurance, you can call 800-247-6875 or visit sunlife.com/us for help.

Read the important plan provisions section for more information including limitations and exclusions.

* Facts About Life 2021, LIMRA.com, September 2021, accessed April 2022.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage") and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life Financial" or "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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Rates

Employee - Coverage and **Monthly** cost for Employee Voluntary Life.

Rates are effective as of January 1, 2024.

The chart below shows possible coverage amounts and their **Monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	0.29	0.38	0.48	0.67	1.00	1.67	3.09	5.47	8.55	15.49	26.37
$10,000	0.57	0.76	0.95	1.33	2.00	3.33	6.18	10.93	17.10	30.97	52.73
$15,000	0.86	1.14	1.43	2.00	3.00	5.00	9.27	16.40	25.65	46.46	79.10
$20,000	1.14	1.52	1.90	2.66	4.00	6.66	12.36	21.86	34.20	61.94	105.46
$25,000	1.43	1.90	2.38	3.33	5.00	8.33	15.45	27.33	42.75	77.43	131.83
$30,000	1.71	2.28	2.85	3.99	6.00	9.99	18.54	32.79	51.30	92.91	158.19
$35,000	2.00	2.66	3.33	4.66	7.00	11.66	21.63	38.26	59.85	108.40	184.56
$40,000	2.28	3.04	3.80	5.32	8.00	13.32	24.72	43.72	68.40	123.88	210.92
$45,000	2.57	3.42	4.28	5.99	9.00	14.99	27.81	49.19	76.95	139.37	237.29
$50,000	2.85	3.80	4.75	6.65	10.00	16.65	30.90	54.65	85.50	154.85	263.65
$55,000	3.14	4.18	5.23	7.32	11.00	18.32	33.99	60.12	94.05	170.34	290.02
$60,000	3.42	4.56	5.70	7.98	12.00	19.98	37.08	65.58	102.60	185.82	316.38
$65,000	3.71	4.94	6.18	8.65	13.00	21.65	40.17	71.05	111.15	201.31	342.75
$70,000	3.99	5.32	6.65	9.31	14.00	23.31	43.26	76.51	119.70	216.79	369.11
$75,000	4.28	5.70	7.13	9.98	15.00	24.98	46.35	81.98	128.25	232.28	395.48
$80,000	4.56	6.08	7.60	10.64	16.00	26.64	49.44	87.44	136.80	247.76	421.84
$85,000	4.85	6.46	8.08	11.31	17.00	28.31	52.53	92.91	145.35	263.25	448.21
$90,000	5.13	6.84	8.55	11.97	18.00	29.97	55.62	98.37	153.90	278.73	474.57
$95,000	5.42	7.22	9.03	12.64	19.00	31.64	58.71	103.84	162.45	294.22	500.94
$100,000	5.70	7.60	9.50	13.30	20.00	33.30	61.80	109.30	171.00	309.70	527.30
$105,000	5.99	7.98	9.98	13.97	21.00	34.97	64.89	114.77	179.55	325.19	553.67
$110,000	6.27	8.36	10.45	14.63	22.00	36.63	67.98	120.23	188.10	340.67	580.03
$115,000	6.56	8.74	10.93	15.30	23.00	38.30	71.07	125.70	196.65	356.16	606.40
$120,000	6.84	9.12	11.40	15.96	24.00	39.96	74.16	131.16	205.20	371.64	632.76
$125,000	7.13	9.50	11.88	16.63	25.00	41.63	77.25	136.63	213.75	387.13	659.13
$130,000	7.41	9.88	12.35	17.29	26.00	43.29	80.34	142.09	222.30	402.61	685.49
$135,000	7.70	10.26	12.83	17.96	27.00	44.96	83.43	147.56	230.85	418.10	711.86
$140,000	7.98	10.64	13.30	18.62	28.00	46.62	86.52	153.02	239.40	433.58	738.22
$145,000	8.27	11.02	13.78	19.29	29.00	48.29	89.61	158.49	247.95	449.07	764.59
$150,000	8.55	11.40	14.25	19.95	30.00	49.95	92.70	163.95	256.50	464.55	790.95
$155,000	8.84	11.78	14.73	20.62	31.00	51.62	95.79	169.42	265.05	480.04	817.32
$160,000	9.12	12.16	15.20	21.28	32.00	53.28	98.88	174.88	273.60	495.52	843.68
$165,000	9.41	12.54	15.68	21.95	33.00	54.95	101.97	180.35	282.15	511.01	870.05
$170,000	9.69	12.92	16.15	22.61	34.00	56.61	105.06	185.81	290.70	526.49	896.41
$175,000	9.98	13.30	16.63	23.28	35.00	58.28	108.15	191.28	299.25	541.98	922.78
$180,000	10.26	13.68	17.10	23.94	36.00	59.94	111.24	196.74	307.80	557.46	949.14
$185,000	10.55	14.06	17.58	24.61	37.00	61.61	114.33	202.21	316.35	572.95	975.51
$190,000	10.83	14.44	18.05	25.27	38.00	63.27	117.42	207.67	324.90	588.43	1001.87
$195,000	11.12	14.82	18.53	25.94	39.00	64.94	120.51	213.14	333.45	603.92	1028.24
$200,000	11.40	15.20	19.00	26.60	40.00	66.60	123.60	218.60	342.00	619.40	1054.60
$205,000	11.69	15.58	19.48	27.27	41.00	68.27	126.69	224.07	350.55	634.89	1080.97
$210,000	11.97	15.96	19.95	27.93	42.00	69.93	129.78	229.53	359.10	650.37	1107.33
$215,000	12.26	16.34	20.43	28.60	43.00	71.60	132.87	235.00	367.65	665.86	1133.70
$220,000	12.54	16.72	20.90	29.26	44.00	73.26	135.96	240.46	376.20	681.34	1160.06
$225,000	12.83	17.10	21.38	29.93	45.00	74.93	139.05	245.93	384.75	696.83	1186.43
$230,000	13.11	17.48	21.85	30.59	46.00	76.59	142.14	251.39	393.30	712.31	1212.79
$235,000	13.40	17.86	22.33	31.26	47.00	78.26	145.23	256.86	401.85	727.80	1239.16

Rates

Coverage amounts	Age and cost										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$240,000	13.68	18.24	22.80	31.92	48.00	79.92	148.32	262.32	410.40	743.28	1265.52
$245,000	13.97	18.62	23.28	32.59	49.00	81.59	151.41	267.79	418.95	758.77	1291.89
$250,000	14.25	19.00	23.75	33.25	50.00	83.25	154.50	273.25	427.50	774.25	1318.25
$255,000	14.54	19.38	24.23	33.92	51.00	84.92	157.59	278.72	436.05	789.74	1344.62
$260,000	14.82	19.76	24.70	34.58	52.00	86.58	160.68	284.18	444.60	805.22	1370.98
$265,000	15.11	20.14	25.18	35.25	53.00	88.25	163.77	289.65	453.15	820.71	1397.35
$270,000	15.39	20.52	25.65	35.91	54.00	89.91	166.86	295.11	461.70	836.19	1423.71
$275,000	15.68	20.90	26.13	36.58	55.00	91.58	169.95	300.58	470.25	851.68	1450.08
$280,000	15.96	21.28	26.60	37.24	56.00	93.24	173.04	306.04	478.80	867.16	1476.44
$285,000	16.25	21.66	27.08	37.91	57.00	94.91	176.13	311.51	487.35	882.65	1502.81
$290,000	16.53	22.04	27.55	38.57	58.00	96.57	179.22	316.97	495.90	898.13	1529.17
$295,000	16.82	22.42	28.03	39.24	59.00	98.24	182.31	322.44	504.45	913.62	1555.54
$300,000	17.10	22.80	28.50	39.90	60.00	99.90	185.40	327.90	513.00	929.10	1581.90
$305,000	17.39	23.18	28.98	40.57	61.00	101.57	188.49	333.37	521.55	944.59	1608.27
$310,000	17.67	23.56	29.45	41.23	62.00	103.23	191.58	338.83	530.10	960.07	1634.63
$315,000	17.96	23.94	29.93	41.90	63.00	104.90	194.67	344.30	538.65	975.56	1661.00
$320,000	18.24	24.32	30.40	42.56	64.00	106.56	197.76	349.76	547.20	991.04	1687.36
$325,000	18.53	24.70	30.88	43.23	65.00	108.23	200.85	355.23	555.75	1006.53	1713.73
$330,000	18.81	25.08	31.35	43.89	66.00	109.89	203.94	360.69	564.30	1022.01	1740.09
$335,000	19.10	25.46	31.83	44.56	67.00	111.56	207.03	366.16	572.85	1037.50	1766.46
$340,000	19.38	25.84	32.30	45.22	68.00	113.22	210.12	371.62	581.40	1052.98	1792.82
$345,000	19.67	26.22	32.78	45.89	69.00	114.89	213.21	377.09	589.95	1068.47	1819.19
$350,000	19.95	26.60	33.25	46.55	70.00	116.55	216.30	382.55	598.50	1083.95	1845.55
$355,000	20.24	26.98	33.73	47.22	71.00	118.22	219.39	388.02	607.05	1099.44	1871.92
$360,000	20.52	27.36	34.20	47.88	72.00	119.88	222.48	393.48	615.60	1114.92	1898.28
$365,000	20.81	27.74	34.68	48.55	73.00	121.55	225.57	398.95	624.15	1130.41	1924.65
$370,000	21.09	28.12	35.15	49.21	74.00	123.21	228.66	404.41	632.70	1145.89	1951.01
$375,000	21.38	28.50	35.63	49.88	75.00	124.88	231.75	409.88	641.25	1161.38	1977.38
$380,000	21.66	28.88	36.10	50.54	76.00	126.54	234.84	415.34	649.80	1176.86	2003.74
$385,000	21.95	29.26	36.58	51.21	77.00	128.21	237.93	420.81	658.35	1192.35	2030.11
$390,000	22.23	29.64	37.05	51.87	78.00	129.87	241.02	426.27	666.90	1207.83	2056.47
$395,000	22.52	30.02	37.53	52.54	79.00	131.54	244.11	431.74	675.45	1223.32	2082.84
$400,000	22.80	30.40	38.00	53.20	80.00	133.20	247.20	437.20	684.00	1238.80	2109.20
$405,000	23.09	30.78	38.48	53.87	81.00	134.87	250.29	442.67	692.55	1254.29	2135.57
$410,000	23.37	31.16	38.95	54.53	82.00	136.53	253.38	448.13	701.10	1269.77	2161.93
$415,000	23.66	31.54	39.43	55.20	83.00	138.20	256.47	453.60	709.65	1285.26	2188.30
$420,000	23.94	31.92	39.90	55.86	84.00	139.86	259.56	459.06	718.20	1300.74	2214.66
$425,000	24.23	32.30	40.38	56.53	85.00	141.53	262.65	464.53	726.75	1316.23	2241.03
$430,000	24.51	32.68	40.85	57.19	86.00	143.19	265.74	469.99	735.30	1331.71	2267.39
$435,000	24.80	33.06	41.33	57.86	87.00	144.86	268.83	475.46	743.85	1347.20	2293.76
$440,000	25.08	33.44	41.80	58.52	88.00	146.52	271.92	480.92	752.40	1362.68	2320.12
$445,000	25.37	33.82	42.28	59.19	89.00	148.19	275.01	486.39	760.95	1378.17	2346.49
$450,000	25.65	34.20	42.75	59.85	90.00	149.85	278.10	491.85	769.50	1393.65	2372.85
$455,000	25.94	34.58	43.23	60.52	91.00	151.52	281.19	497.32	778.05	1409.14	2399.22
$460,000	26.22	34.96	43.70	61.18	92.00	153.18	284.28	502.78	786.60	1424.62	2425.58
$465,000	26.51	35.34	44.18	61.85	93.00	154.85	287.37	508.25	795.15	1440.11	2451.95
$470,000	26.79	35.72	44.65	62.51	94.00	156.51	290.46	513.71	803.70	1455.59	2478.31
$475,000	27.08	36.10	45.13	63.18	95.00	158.18	293.55	519.18	812.25	1471.08	2504.68
$480,000	27.36	36.48	45.60	63.84	96.00	159.84	296.64	524.64	820.80	1486.56	2531.04
$485,000	27.65	36.86	46.08	64.51	97.00	161.51	299.73	530.11	829.35	1502.05	2557.41
$490,000	27.93	37.24	46.55	65.17	98.00	163.17	302.82	535.57	837.90	1517.53	2583.77
$495,000	28.22	37.62	47.03	65.84	99.00	164.84	305.91	541.04	846.45	1533.02	2610.14
$500,000	28.50	38.00	47.50	66.50	100.00	166.50	309.00	546.50	855.00	1548.50	2636.50

Rates

Spouse - Coverage and **Monthly** cost for Spouse Voluntary Life.

Rates are effective as of January 1, 2024.

The chart below shows possible coverage amounts and their **Monthly** costs.

Find your spouse's age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rate based on spouse's age

Coverage amounts	Age and cost										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	0.29	0.40	0.48	0.67	1.00	1.67	3.09	5.47	8.55	15.49	26.37
$10,000	0.57	0.79	0.95	1.33	2.00	3.33	6.18	10.93	17.10	30.97	52.73
$15,000	0.86	1.19	1.43	2.00	3.00	5.00	9.27	16.40	25.65	46.46	79.10
$20,000	1.14	1.58	1.90	2.66	4.00	6.66	12.36	21.86	34.20	61.94	105.46
$25,000	1.43	1.98	2.38	3.33	5.00	8.33	15.45	27.33	42.75	77.43	131.83
$30,000	1.71	2.37	2.85	3.99	6.00	9.99	18.54	32.79	51.30	92.91	158.19
$35,000	2.00	2.77	3.33	4.66	7.00	11.66	21.63	38.26	59.85	108.40	184.56
$40,000	2.28	3.16	3.80	5.32	8.00	13.32	24.72	43.72	68.40	123.88	210.92
$45,000	2.57	3.56	4.28	5.99	9.00	14.99	27.81	49.19	76.95	139.37	237.29
$50,000	2.85	3.95	4.75	6.65	10.00	16.65	30.90	54.65	85.50	154.85	263.65
$55,000	3.14	4.35	5.23	7.32	11.00	18.32	33.99	60.12	94.05	170.34	290.02
$60,000	3.42	4.74	5.70	7.98	12.00	19.98	37.08	65.58	102.60	185.82	316.38
$65,000	3.71	5.14	6.18	8.65	13.00	21.65	40.17	71.05	111.15	201.31	342.75
$70,000	3.99	5.53	6.65	9.31	14.00	23.31	43.26	76.51	119.70	216.79	369.11
$75,000	4.28	5.93	7.13	9.98	15.00	24.98	46.35	81.98	128.25	232.28	395.48
$80,000	4.56	6.32	7.60	10.64	16.00	26.64	49.44	87.44	136.80	247.76	421.84
$85,000	4.85	6.72	8.08	11.31	17.00	28.31	52.53	92.91	145.35	263.25	448.21
$90,000	5.13	7.11	8.55	11.97	18.00	29.97	55.62	98.37	153.90	278.73	474.57
$95,000	5.42	7.51	9.03	12.64	19.00	31.64	58.71	103.84	162.45	294.22	500.94
$100,000	5.70	7.90	9.50	13.30	20.00	33.30	61.80	109.30	171.00	309.70	527.30
$105,000	5.99	8.30	9.98	13.97	21.00	34.97	64.89	114.77	179.55	325.19	553.67
$110,000	6.27	8.69	10.45	14.63	22.00	36.63	67.98	120.23	188.10	340.67	580.03
$115,000	6.56	9.09	10.93	15.30	23.00	38.30	71.07	125.70	196.65	356.16	606.40
$120,000	6.84	9.48	11.40	15.96	24.00	39.96	74.16	131.16	205.20	371.64	632.76
$125,000	7.13	9.88	11.88	16.63	25.00	41.63	77.25	136.63	213.75	387.13	659.13
$130,000	7.41	10.27	12.35	17.29	26.00	43.29	80.34	142.09	222.30	402.61	685.49
$135,000	7.70	10.67	12.83	17.96	27.00	44.96	83.43	147.56	230.85	418.10	711.86
$140,000	7.98	11.06	13.30	18.62	28.00	46.62	86.52	153.02	239.40	433.58	738.22
$145,000	8.27	11.46	13.78	19.29	29.00	48.29	89.61	158.49	247.95	449.07	764.59
$150,000	8.55	11.85	14.25	19.95	30.00	49.95	92.70	163.95	256.50	464.55	790.95
$155,000	8.84	12.25	14.73	20.62	31.00	51.62	95.79	169.42	265.05	480.04	817.32
$160,000	9.12	12.64	15.20	21.28	32.00	53.28	98.88	174.88	273.60	495.52	843.68
$165,000	9.41	13.04	15.68	21.95	33.00	54.95	101.97	180.35	282.15	511.01	870.05
$170,000	9.69	13.43	16.15	22.61	34.00	56.61	105.06	185.81	290.70	526.49	896.41
$175,000	9.98	13.83	16.63	23.28	35.00	58.28	108.15	191.28	299.25	541.98	922.78
$180,000	10.26	14.22	17.10	23.94	36.00	59.94	111.24	196.74	307.80	557.46	949.14
$185,000	10.55	14.62	17.58	24.61	37.00	61.61	114.33	202.21	316.35	572.95	975.51
$190,000	10.83	15.01	18.05	25.27	38.00	63.27	117.42	207.67	324.90	588.43	1001.87
$195,000	11.12	15.41	18.53	25.94	39.00	64.94	120.51	213.14	333.45	603.92	1028.24
$200,000	11.40	15.80	19.00	26.60	40.00	66.60	123.60	218.60	342.00	619.40	1054.60
$205,000	11.69	16.20	19.48	27.27	41.00	68.27	126.69	224.07	350.55	634.89	1080.97
$210,000	11.97	16.59	19.95	27.93	42.00	69.93	129.78	229.53	359.10	650.37	1107.33
$215,000	12.26	16.99	20.43	28.60	43.00	71.60	132.87	235.00	367.65	665.86	1133.70
$220,000	12.54	17.38	20.90	29.26	44.00	73.26	135.96	240.46	376.20	681.34	1160.06
$225,000	12.83	17.78	21.38	29.93	45.00	74.93	139.05	245.93	384.75	696.83	1186.43
$230,000	13.11	18.17	21.85	30.59	46.00	76.59	142.14	251.39	393.30	712.31	1212.79

Rates

Coverage amounts	Age and cost										
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$235,000	13.40	18.57	22.33	31.26	47.00	78.26	145.23	256.86	401.85	727.80	1239.16
$240,000	13.68	18.96	22.80	31.92	48.00	79.92	148.32	262.32	410.40	743.28	1265.52
$245,000	13.97	19.36	23.28	32.59	49.00	81.59	151.41	267.79	418.95	758.77	1291.89
$250,000	14.25	19.75	23.75	33.25	50.00	83.25	154.50	273.25	427.50	774.25	1318.25

Child - Coverage and **Monthly** cost for Child Voluntary Life.
Rates are effective as of January 1, 2024.
The chart below shows possible coverage amounts and their **Monthly** costs.

Coverage amounts	Cost per pay period
$5,000	$0.85
$10,000	$1.70