

## Clermont County 2018 Voluntary Life and Accidental Death Dismemberment Insurance Rates

**GI (GUARANTEED ISSUE):** is the amount of insurance you can obtain as a new hire without submitting medical information.

GI Amounts: Employee = \$150,000 (but not more than 5x annual salary); Spouse = \$50,000\*; Children = \$20,000\*\*

\*Employee coverage in an equal or greater amount is required to carry spouse or child life coverage;

\*\*Child life is available for dependent children up to 19; 25 if a full-time student; permanently disabled prior to age 18 may also qualify. (subject to all other dependent / qualifying child eligibility requirements).

**The rates shown are based on semi-monthly (2 pays per month / 24 pays per calendar year).**

Age	Mthly Rate per \$1000	Coverage amounts available for employees and spouses (note: spouse amounts over \$50k require approval - Complete an EOI form).										Employees only		
		\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
Less than 30	0.0800	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	\$4.40	\$4.80	\$5.20
30 -34	0.1000	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00	\$5.50	\$6.00	\$6.50
35 - 39	0.1200	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
40 - 44	0.1600	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00	\$8.80	\$9.60	\$10.40
45- 49	0.2240	\$1.12	\$2.24	\$3.36	\$4.48	\$5.60	\$6.72	\$7.84	\$8.96	\$10.08	\$11.20	\$12.32	\$13.44	\$14.56
50 - 54	0.3440	\$1.72	\$3.44	\$5.16	\$6.88	\$8.60	\$10.32	\$12.04	\$13.76	\$15.48	\$17.20	\$18.92	\$20.64	\$22.36
55 - 59	0.5480	\$2.74	\$5.48	\$8.22	\$10.96	\$13.70	\$16.44	\$19.18	\$21.92	\$24.66	\$27.40	\$30.14	\$32.88	\$35.62
60 - 64	0.7680	\$3.84	\$7.68	\$11.52	\$15.36	\$19.20	\$23.04	\$26.88	\$30.72	\$34.56	\$38.40	\$42.24	\$46.08	\$49.92
65 - 69	1.2900	\$6.45	\$12.90	\$19.35	\$25.80	\$32.25	\$38.70	\$45.15	\$51.60	\$58.05	\$64.50	\$70.95	\$77.40	\$83.85
70 - 74	2.2800	\$11.40	\$22.80	\$34.20	\$45.60	\$57.00	\$68.40	\$79.80	\$91.20	\$102.60	\$114.00	\$125.40	\$136.80	\$148.20
75+	4.6280	\$23.14	\$46.28	\$69.42	\$92.56	\$115.70	\$138.84	\$161.98	\$185.12	\$208.26	\$231.40	\$254.54	\$277.68	\$300.82

Age	Mthly Rate per \$1000	Employees only		Amounts over \$150,000 for employee require an EOI (evidence of insurability medical form) approval.									
		\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000
Less than 30	0.0800	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00
30 -34	0.1000	\$7.00	\$7.50	\$8.00	\$8.50	\$9.00	\$9.50	\$10.00	\$10.50	\$11.00	\$11.50	\$12.00	\$12.50
35 - 39	0.1200	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00
40 - 44	0.1600	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00
45- 49	0.2240	\$15.68	\$16.80	\$17.92	\$19.04	\$20.16	\$21.28	\$22.40	\$23.52	\$24.64	\$25.76	\$26.88	\$28.00
50 - 54	0.3440	\$24.08	\$25.80	\$27.52	\$29.24	\$30.96	\$32.68	\$34.40	\$36.12	\$37.84	\$39.56	\$41.28	\$43.00
55 - 59	0.5480	\$38.36	\$41.10	\$43.84	\$46.58	\$49.32	\$52.06	\$54.80	\$57.54	\$60.28	\$63.02	\$65.76	\$68.50
60 - 64	0.7680	\$53.76	\$57.60	\$61.44	\$65.28	\$69.12	\$72.96	\$76.80	\$80.64	\$84.48	\$88.32	\$92.16	\$96.00
65 - 69	1.2900	\$90.30	\$96.75	\$103.20	\$109.65	\$116.10	\$122.55	\$129.00	\$135.45	\$141.90	\$148.35	\$154.80	\$161.25
70 - 74	2.2800	\$159.60	\$171.00	\$182.40	\$193.80	\$205.20	\$216.60	\$228.00	\$239.40	\$250.80	\$262.20	\$273.60	\$285.00
75+	4.6280	\$323.96	\$347.10	\$370.24	\$393.38	\$416.52	\$439.66	\$462.80	\$485.94	\$509.08	\$532.22	\$555.36	\$578.50

**OPEN ENROLLMENT:** You can add or increase coverage for yourself, spouse and/or children up to \$20,000 but not more than \$150k employee / \$50k spouse, during the benefits open enrollment period.  
**IMPORTANT:** coverage for dependents cannot exceed the voluntary life amount that you carry on yourself.\*\*

NOTE: One rate covers all eligible children.  
Eligible: Dependent children up to age 19; full-time students up to 25; permanently disabled prior to age 18 may also qualify.

Children:			
\$5,000	\$10,000	\$15,000	\$20,000
\$0.30	\$0.60	\$0.90	\$1.20

**ADDITIONAL COVERAGE:**  
To apply for coverage over the GI amounts listed above (max \$250,000 - but not more than 5x your annual salary and/or max \$100,000\* for your spouse), complete an Evidence of Insurability form. EOI forms can be obtained from the County's Employee Benefits web site: [www.oe.clermontcountyohio.gov](http://www.oe.clermontcountyohio.gov). Coverage over the GI amount will become effective if and when approval is received from the insurance company.