

2019

Standard Term Life Insurance Supplemental Life Benefits

FULL-TIME ACTIVE Employees*

Full-Time Active Employees may purchase supplemental life insurance up to three times the amount of your annual salary, based on your specific Bargaining Unit with the City. The rate for this insurance is listed below:

AGE	PER \$1,000 of Salary PER PAY PERIOD
29 or under	\$ 0.07
30 through 34	\$ 0.12
35 through 39	\$ 0.20
40 through 55	\$ 0.25
55 or over	\$ 0.29

*Please note: Full-Time Active Employees Life Insurance will be reduced to 65% of coverage at the end of the year in which they turn 70 years old. BU 40 & 41 is age 75.

PART-TIME Employees

Part-Time Employees covered by AFSCME with an Occupational Code of OW7SM, OP7CL, OP7SM, OW7CL, 3P7CB, OP7TS, 3T7CB and 3T7TS will receive between \$2,000 - \$5,000 Free Life Insurance Policy from the City depending on your Bargaining Unit.

Part-Time Employees may purchase supplemental Life Insurance. A Medical Evidence of Insurability (EOI) form must be completed by the employee and approved by **Standard** for this additional life insurance coverage. The cost for this insurance is listed below:

POLICY AMOUNT	AGE	COST PER PAY PERIOD
\$ 5,000	29 or under	\$ 0.35
\$ 10,000	29 or under	\$ 0.70
\$ 5,000	30 through 34	\$ 0.60
\$ 10,000	30 through 34	\$ 1.20
\$ 5,000	35 through 39	\$ 1.00
\$ 10,000	35 through 39	\$ 2.00
\$ 5,000	40 through 55	\$ 1.25
\$ 10,000	40 through 55	\$ 2.50
\$ 5,000	55 or over	\$ 1.45
\$ 10,000	55 or over	\$ 2.90

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RETIRED Employees

Retired Employees may elect to purchase life insurance upon your retirement from the City. The amount of life insurance you can purchase is based on your Bargaining Unit at the time of retirement. The cost for this insurance is listed below:

POLICY AMOUNT	COST PER PAY PERIOD
\$ 5,000	\$ 5.05
\$ 10,000	\$ 10.10
\$ 15,000	\$ 15.15

DEPENDENT LIFE INSURANCE for Spouse and/or Children

Active Employees: Dependent Life Insurance can be purchased for a spouse and/or children. The cost for this insurance is listed below:

POLICY AMOUNT	COST PER PAY PERIOD
\$ 10,000 (spouse) / \$ 5,000 (child)	\$ 1.34
\$ 20,000 (spouse) / \$ 10,000 (child)	\$ 2.68

Please refer to the **Dependent Eligibility Guidelines** and which are posted on the Employee Benefits' website www.coj.net/benefits under "**Eligibility Guidelines**" for the definition of a dependent, age limitations and more. If you have further questions, please contact your Benefits Representative at (904) 630-1314.