

Voluntary Group Term Life & Accidental Death & Dismemberment (AD&D) Benefit Highlights for New Mexico State University

Eligibility: All active regular employees and all active non-regular term appointment employees working at least 30 hours per week for the Policyholder, who have elected coverage and are working in the United States of America for the Policyholder.

Life Benefits:

Active Employees: You may choose an amount from a minimum of \$20,000 to a maximum of \$600,000 in increments of

\$10.000.

Dependent Spouse: You may choose an amount from a minimum of \$10,000 to a maximum of \$100,000 in increments of

\$10,000. The benefit may not exceed 100% of the employee's voluntary life benefit amount.

Dependent Child(ren): Choice of Option 1 or 2

Option 1: \$5,000 for child(ren) age 6 months to 26 years; \$1,000 for child(ren) age live birth to 6 months. Option 2: \$10,000 for child(ren) age 6 months to 26 years; \$2,000 for child(ren) age live birth to 6 months.

Note: You must be insured for voluntary benefits in order to elect benefits for your spouse and/or child(ren). If you choose to enroll for voluntary benefits, you must elect both employee voluntary life and AD&D benefits.

Evidence of Insurability is required for:

1. All amounts for previously eligible individuals who did not enroll within 31 days of initial eligibility;

- 2. Employee amounts in excess of \$200,000 and Spouse amounts in excess of \$50,000;
- 3. Any requests to increase voluntary benefits following the initial period of eligibility; and
- 4. All amounts if you voluntarily canceled your insurance and choose to reapply.

AD&D Benefits: You may choose an amount from a minimum of \$20,000 to a maximum of \$150,000 in increments of \$10,000 or you may choose \$200,000 or \$250,000. You must be insured for voluntary life in order to elect voluntary AD&D benefits.

You may enroll in the Individual Plan or Family Plan. If you enroll in the Family Plan, coverage for your dependent spouse and child(ren) will be provided as follows:

Spouse Only: 70% of your principal sum

Child(ren) Only: \$25,000 or 20% of your principal sum, whichever is less

Spouse and Child(ren): Spouse – 60% of your principal sum

Child(ren) – \$25,000 or 15% of your principal sum, whichever is less

Premium: You pay 100% of the premium for voluntary benefits.

Life insurance includes the following benefits:

- Conversion Privilege
- Portability
- Accelerated Death Benefit
- Waiver of Premium for active employees under 60

AD&D insurance includes the following additional benefits:

- Seat Belt/Air Bag
- Common Disaster

Repatriation

- Spouse Training
- Exposure and Disappearance
- Felonious Assault

Education

Emergency Evacuation

Day Care

Child(ren)'s Additional Indemnity

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- · Rehabilitation Benefit
- Public Conveyance
- Group Medical/Dental Premium Continuation Reimbursement

Limitations: Voluntary life insurance benefits are not payable if death is caused by suicide or attempted suicide, while sane or insane, within 2 years of the coverage effective date or effective date of any increased amount of life insurance. See your certificate for AD&D exclusions.

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These Premium Cost Charts are for illustrative purposes only; your premium may be slightly higher or lower due to rounding.

Employee Voluntary Term Life

Voluntary Term Life Monthly Rates per \$1,000						
Age	Employee	Spouse				
Under 25	\$0.03	\$0.05				
25 – 29	\$0.04	\$0.05				
30 - 34	\$0.05	\$0.05				
35 – 39	\$0.06	\$0.06				
40 - 44	\$0.07	\$0.10				
45 – 49	\$0.10	\$0.15				
50 - 54	\$0.18	\$0.23				
55 - 59	\$0.33	\$0.43				
60 - 64	\$0.45	\$0.66				
65 – 69	\$0.86	\$1.09				
70 & over	\$1.77	\$1.70				

Premium Cost Per Pay Cycle (Based on 24 payroll deductions per year)											
Benefit	ATTAINED AGE										
Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 20,000	\$ 0.30	\$ 0.40	\$ 0.50	\$ 0.60	\$ 0.70	\$ 1.00	\$ 1.80	\$ 3.30	\$ 4.50	\$ 8.60	\$ 17.70
30,000	0.45	0.60	0.75	0.90	1.05	1.50	2.70	4.95	6.75	12.90	26.55
40,000	0.60	0.80	1.00	1.20	1.40	2.00	3.60	6.60	9.00	17.20	35.40
50,000	0.75	1.00	1.25	1.50	1.75	2.50	4.50	8.25	11.25	21.50	44.25
60,000	0.90	1.20	1.50	1.80	2.10	3.00	5.40	9.90	13.50	25.80	53.10
70,000	1.05	1.40	1.75	2.10	2.45	3.50	6.30	11.55	15.75	30.10	61.95
80,000	1.20	1.60	2.00	2.40	2.80	4.00	7.20	13.20	18.00	34.40	70.80
90,000	1.35	1.80	2.25	2.70	3.15	4.50	8.10	14.85	20.25	38.70	79.65
100,000	1.50	2.00	2.50	3.00	3.50	5.00	9.00	16.50	22.50	43.00	88.50
	F	Premium	Cost Per	Pay Cyc	le (Based	d on 18 p	ayroll de	ductions	per year	.)	
Benefit					Αī	TAINED	AGE				
Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 20,000	\$ 0.40	\$ 0.53	\$ 0.67	\$ 0.80	\$ 0.93	\$ 1.33	\$ 2.40	\$ 4.40	\$ 6.00	\$ 11.47	\$ 23.60
30,000	0.60	0.80	1.00	1.20	1.40	2.00	3.60	6.60	9.00	17.20	35.40
40,000	0.80	1.07	1.33	1.60	1.87	2.67	4.80	8.80	12.00	22.93	47.20
50,000	1.00	1.33	1.67	2.00	2.33	3.33	6.00	11.00	15.00	28.67	59.00
60,000	1.20	1.60	2.00	2.40	2.80	4.00	7.20	13.20	18.00	34.40	70.80
70,000	1.40	1.87	2.33	2.80	3.27	4.67	8.40	15.40	21.00	40.13	82.60
80,000	1.60	2.13	2.67	3.20	3.73	5.33	9.60	17.60	24.00	45.87	94.40
90,000	1.80	2.40	3.00	3.60	4.20	6.00	10.80	19.80	27.00	51.60	106.20
100,000	2.00	2.67	3.33	4.00	4.67	6.67	12.00	22.00	30.00	57.33	118.00

Spouse Voluntary Term Life

Voluntary Dependent Child Life Monthly Rates per Employee					
Option 1	\$0.90				
Option 2	\$1.80				
Voluntary AD&D					
Monthly Rates per \$1,000					
Individual Plan	\$0.021				
Family Plan	\$0.032				

Р	Premium Cost Per Pay Cycle (Based on 24 payroll deductions per year)								
Benefit	Attained Age								
Amount	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 10,000	\$ 0.25	\$ 0.30	\$ 0.50	\$ 0.75	\$ 1.15	\$ 2.15	\$ 3.30	\$ 5.45	\$ 8.50
20,000	0.50	0.60	1.00	1.50	2.30	4.30	6.60	10.90	17.00
30,000	0.75	0.90	1.50	2.25	3.45	6.45	9.90	16.35	25.50
40,000	1.00	1.20	2.00	3.00	4.60	8.60	13.20	21.80	34.00
50,000	1.25	1.50	2.50	3.75	5.75	10.75	16.50	27.25	42.50
60,000	1.50	1.80	3.00	4.50	6.90	12.90	19.80	32.70	51.00
70,000	1.75	2.10	3.50	5.25	8.05	15.05	23.10	38.15	59.50
80,000	2.00	2.40	4.00	6.00	9.20	17.20	26.40	43.60	68.00
90,000	2.25	2.70	4.50	6.75	10.35	19.35	29.70	49.05	76.50
100,000	2.50	3.00	5.00	7.50	11.50	21.50	33.00	54.50	85.00
Р	remium (Cost Per	Pay Cycl	le (Based	on 18 pa	ayroll ded	ductions	per year)
Benefit					ttained A				
Amount	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 10,000	\$ 0.33	\$ 0.40	\$ 0.67	\$ 1.00	\$ 1.53	\$ 2.87	\$ 4.40	\$ 7.27	\$ 11.33
20,000	0.67	0.80	1.33	2.00	3.07	5.73	8.80	14.53	22.67
30,000	1.00	1.20	2.00	3.00	4.60	8.60	13.20	21.80	34.00
40,000	1.33	1.60	2.67	4.00	6.13	11.47	17.60	29.07	45.33
50,000	1.67	2.00	3.33	5.00	7.67	14.33	22.00	36.33	56.67
60,000	2.00	2.40	4.00	6.00	9.20	17.20	26.40	43.60	68.00
70,000	2.33	2.80	4.67	7.00	10.73	20.07	30.80	50.87	79.33
80,000	2.67	3.20	5.33	8.00	12.27	22.93	35.20	58.13	90.67
90,000	3.00	3.60	6.00	9.00	13.80	25.80	39.60	65.40	102.00
100,000	3.33	4.00	6.67	10.00	15.33	28.67	44.00	72.67	113.33

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