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**Diocese of Springfield in Illinois  
Policy Numer: 94537**

**Coverage amounts available  
for Portability**

Active Employees Less Than Age 65 -Employer Funded Life/AD&D: \$15,000

Active Employees Age 65-69 -Employer Funded Life/AD&D: \$11,000

Active Employees Over Age 70 -Employer Funded Life/AD&D: \$8,000

VTL Options:

Employee: \$10,000; \$20,000; \$30,000; \$40,000; \$60,000; \$80,000; \$100,000

Spouse: \$5,000; \$10,000; \$15,000; \$20,000; \$30,000; \$40,000; \$60,000  
*Not to exceed 100% of employee coverage amount.*

Child: \$1,000; \$5,000; \$10,000

*The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.*

*In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.*

**Explantion and next steps  
for the attached Portability  
form**

- 1) Please ask your plan administrator if you need to confirm your current levels of coverage.
- 2) Employees are allowed to port both the employer funded base plan **AND** the VTL buy-up options. You do not have to port both but you do have that option.
- 3) On the employer funded base plan, AD&D is included. This AD&D coverage is available to be ported. There is no AD&D coverage available on the VTL.
- 4) Coverage for Spouses and Children can also be ported (employees to have to port their coverage in order for Spouse/Child coverage to be ported).
- 5) On the attached Portability form, if you wish to take both the employer funded plan coverage AND your VTL, please combine those amounts and reflect that combined amount on the "Current Group Life Amount" line for yourself.

**Portability  
Coverage Highlights (Continued)**

**Portability Term Life  
Coverage Rates**

Age Band	Monthly Rates		
	Employee per \$1,000	Spouse per \$1,000	Child per \$1,000
- 24	\$0.063	\$0.063	\$0.180
25-29	\$0.063	\$0.063	NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
30-34	\$0.084	\$0.084	
35-39	\$0.101	\$0.101	
40-44	\$0.157	\$0.157	
45-49	\$0.256	\$0.256	
50-54	\$0.413	\$0.413	
55-59	\$0.714	\$0.714	
60-64	\$1.030	\$1.030	
65-69	\$1.524	\$1.524	
70-74	\$2.962	\$2.962	
75+	\$5.067	\$5.067	

NOTE: Your rate will increase as you age and move to the next age band.

**Insurance Age**

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

**Term Life Calculation  
Worksheet**

	Coverage Amount	Increment	Rate		Monthly Cost
Employee	\$ _____	÷ \$ 1,000 x	\$ _____	=	\$
Spouse	\$ _____	÷ \$ 1,000 x	\$ _____	=	\$
Children	\$ _____	÷ \$ 1,000 x	\$ _____	=	\$
	<b>Total Monthly Cost</b>			=	\$