

**BLUE CROSS AND BLUE SHIELD OF FLORIDA
FLORIDA COMBINED LIFE INSURANCE**

PREMIUM RATES FOR SUPPLEMENTAL LIFE INSURANCE EFFECTIVE 1/1/95

Age	Monthly Premium per \$1,000 Coverage	Age	Monthly Premium per \$1,000 Coverage
Up to 29	\$.08	53	\$.46
30-34	.09	54	.48
35-39	.11	55	.59
40	.13	56	.65
41	.14	57	.67
42	.15	58	.69
43	.16	59	.72
44	.17	60	.74
45	.21	61	.76
46	.22	62	.79
47	.25	63	.82
48	.27	64	1.11
49	.29	65	1.41
50	.34	66	1.52
51	.38	67	1.61
52	.42	68	1.74
		69	1.87

Use the schedule above to locate the monthly premium per \$1,000 of Supplemental Life Insurance coverage based on your age.

Then use the formula below to calculate the total monthly premium based on your annual salary:

Age: _____

Annual salary rounded up to next even \$1,000 (A) \$ _____

Divide amount listed for (A) by \$1,000 (B) \$ _____

Enter premium for your age (see schedule above) (C) \$ _____

Multiply (B) X (C). Enter this amount for your monthly payment on line (D) (for 1 times annual salary) (D) \$ _____

Multiply (D) X 2. Enter this amount on line (E) only if 2 times annual salary has been elected. (E) \$ _____

Multiply (D) X 3. Enter this amount on line (F) only if 3 times annual salary has been elected. (F) \$ _____

A Declaration of Insurability form will be required for all employees applying for Supplemental Life Insurance Coverage more than 31 days after their hire date or the Open Enrollment period.