

Group Retired Supplemental Term Life Rate Chart Application in back ►

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance										
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$25,000	1.25	1.50	1.75	2.25	3.50	5.50	10.50	16.00	25.50	38.75
\$50,000	2.50	3.00	3.50	4.50	7.00	11.00	21.00	32.00	51.00	77.50
\$75,000	3.75	4.50	5.25	6.75	10.50	16.50	31.50	48.00	76.50	
\$100,000	5.00	6.00	7.00	9.00	14.00	22.00	42.00	64.00	102.00	
\$125,000	6.25	7.50	8.75	11.25	17.50	27.50	52.50	80.00	127.50	
\$150,000	7.50	9.00	10.50	13.50	21.00	33.00	63.00			
\$175,000	8.75	10.50	12.25	15.75	24.50	38.50	73.50			
\$200,000	10.00	12.00	14.00	18.00	28.00	44.00	84.00			
\$225,000	11.25	13.50	15.75	20.25	31.50	49.50	94.50			
\$250,000	12.50	15.00	17.50	22.50	35.00	55.00	105.00			

COVERAGE AMOUNT Rates are based on the attained age of the Insured Person and increase as you enter each new age category. The above premiums apply to Retired CCPOA Members. Rates and/or benefits may be changed on a class basis. An eligible spouse cannot be insured for more than 50% of the member's benefit. If you wish to continue your coverage upon retirement (with some restrictions), you must contact the Benefit Trust Fund office at 1-800 IN UNIT 6. Due to ongoing negotiations, policy features are subject to change.

SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance										
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70-74
\$12,500	0.50	0.59	0.75	1.13	1.75	2.38	3.00	7.63	12.00	19.75
\$25,000	1.00	1.19	1.50	2.25	3.50	4.75	6.00	15.25	24.00	
\$37,500	1.50	1.78	2.25	3.38	5.25	7.13	9.00			
\$50,000	2.00	2.37	3.00	4.50	7.00	9.50	12.00			

COVERAGE AMOUNT The premiums shown reflect the current rates (as of January 1, 2016) and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

DEPENDENT CHILDREN MONTHLY PREMIUMS - Supplemental Term Life Insurance	
\$7,500	\$1.40 / per family Benefit Amount per child age 6 months – 21, or 23 if full time student. [\$750 for children from 15 days old to 6 months.]

Note: If you are covered as a member, you cannot be covered as a dependent of another member.

EXCLUSION Suicide is excluded from coverage for the first two years, whether sane or insane. If a covered person does commit suicide within the first two years, New York Life will only pay an amount equal to the premium paid for coverage till the date of death. The Life Insurance Benefit is payable if a member is covered under the policy and commits suicide after the two year period.

The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company issued to the CCPOA-Benefit Trust Fund may not exceed \$250,000 for retired members, \$50,000 for their spouses.



1. Pick Your Rate.
2. Fill out the Application.
3. Mail to the Trust.
4. Rest Assured.