

## Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Employee	Policy Election Amount	Monthly premiums displayed. Policy Election Cost Per Age Bracket							
		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64 65-69†
	\$10,000	\$ .60	\$ .60	\$1.00	\$1.90	\$2.90	\$4.30	\$7.00	\$11.00 \$17.90
	\$20,000	\$1.20	\$1.20	\$2.00	\$3.80	\$5.80	\$8.60	\$14.00	\$22.00 \$35.80
	\$30,000	\$1.80	\$1.80	\$3.00	\$5.70	\$8.70	\$12.90	\$21.00	\$33.00 \$53.70
	\$40,000	\$2.40	\$2.40	\$4.00	\$7.60	\$11.60	\$17.20	\$28.00	\$44.00 \$71.60
	\$50,000	\$3.00	\$3.00	\$5.00	\$9.50	\$14.50	\$21.50	\$35.00	\$55.00 \$89.50
	\$60,000	\$3.60	\$3.60	\$6.00	\$11.40	\$17.40	\$25.80	\$42.00	\$66.00 \$107.40
	\$70,000	\$4.20	\$4.20	\$7.00	\$13.30	\$20.30	\$30.10	\$49.00	\$77.00 \$125.30
	\$80,000	\$4.80	\$4.80	\$8.00	\$15.20	\$23.20	\$34.40	\$56.00	\$88.00 \$143.20

Premiums for Voluntary Life Increase in five-year increments

†Benefit reductions apply.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-EOPT-96

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.  
Policy Form # GP-1-LIFE-15

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NIAGARA FALLS CITY SCHOOL DISTRICT

Optional Term Life

Kit created 04/28/2022

Group number: 00459324