

# RWJBarnabas Health

## Supplemental Life Insurance Calculation Form

You may elect Supplemental Life Insurance in increments of \$10,000 to a maximum of \$500,000

You may elect coverage for your Spouse/ Domestic Partner in increments of \$10,000 to a maximum of \$250,000 not to exceed 100% of the employee's Supplemental Life Insurance amount and \$2,500 increments to a maximum of \$10,000 for your children.

### ALL AMOUNTS ELECTED DURING ANNUAL ENROLLMENT ARE SUBJECT TO EVIDENCE OF INSURABILITY

#### Employee and Spouse/ Domestic Partner Supplemental Life Bi-Weekly Rates

Age Category	Bi-Weekly Rate Per \$1,000	Age Category	Bi-Weekly Rate Per \$1,000
Under 25	\$.024	50 to 54	\$.174
25 to 29	\$.028	55 to 59	\$.278
30 to 34	\$.037	60 to 64	\$.403
35 to 39	\$.042	65 to 69	\$.627
40 to 44	\$.058	70 & Over	\$1.068
45 to 49	\$.104		

*Supplemental Life rates for both an employee and his/her spouse/domestic partner change as their ages increase as illustrated in the table above*

#### Calculation for Employee

		Sample	Actual
	Age of Employee	42	
1	Benefit Elected for Employee	\$60,000	
2	Units (divide #1 by \$1,000)	60	
3	Bi-Weekly Rate Per \$1,000 (see chart above)	\$.058	
4	Payroll deduction - Multiply #2 times #3	\$3.48	

#### Calculation for Spouse/Domestic Partner

		Sample	Actual
	Age of Spouse/Domestic Partner	39	
1	Benefit Elected for SP/Domestic Partner	\$30,000	
2	Units (divide #1 by \$1,000)	30	
3	Bi-Weekly Rate Per \$1,000 (see chart above)	\$.042	
4	Payroll deduction - Multiply #2 times #3	\$1.26	

#### Child(ren) Coverage (one rate covers all of your children)

Coverage Option	Child(ren) Coverage Amount	Bi-Weekly Rate per \$1,000
Option 1	\$2,500	\$.090
Option 2	\$5,000	\$.090
Option 3	\$7,500	\$.090
Option 4	\$10,000	\$.090

**This is a New Jersey Hospital Association Sponsored Program**  
Underwritten by: MetLife

The above benefits are a summary description only. Please refer to Employee booklet for a full legal description.