

Group Universal Life (GUL) Insurance
 Policy Number: 0059900 (02-L104410)

Cost of Insurance Chart for Ported Rates
 Connecticut General Life Insurance Company (CGLIC)

These rates are effective January 1, 2020 but do not reflect any contributions to the Cash Accumulation Fund. Rates are subject to change but will not exceed the guaranteed cost of insurance shown in your Certificate. Your premium will be adjusted January 1st of each year based on your age as of that date.

Age as of January 1st	Monthly Cost of Insurance (Rate per \$1,000)
Under age 35	\$0.136
35-39	0.179
40-44	0.223
45-49	0.356
50-54	0.538
55-59	0.774
60-64	0.849
65-69	1.107
70-74	1.428
75-79	1.810
80-84	2.139
85-89	4.535
90-94	7.159
95-99	10.580

Dependent Children-Term Rider	
Monthly cost is \$0.42 per \$2,000 of coverage, regardless of the number of children covered. Coverage options are:	
\$2,000	\$0.42
\$4,000	0.84
\$6,000	1.26
\$8,000	1.68
\$10,000	2.10
\$12,000	2.52
\$14,000	2.94
\$16,000	3.36
\$18,000	3.78
\$20,000	4.20

All rates include a charge of 2% to cover premium tax and other taxes.

Use the Calculation Chart on the next page to determine your monthly cost of insurance:

Calculation Chart

Find your age/your spouse's age in the left column and read across to find the monthly cost of insurance for each \$1,000 of coverage. Then use this calculation to determine your total cost:

Example: Age 40, Employee, with Child Term Rider

\$50,000 GUL Coverage Amount	÷ \$1,000	= 50 Coverage Units	X \$0.223 Monthly GUL Rate	= \$11.15 Monthly Cost	<p style="text-align: right;">Total Monthly Cost:</p> <p>GUL Cost \$11.15</p> <p style="text-align: right;">+</p> <p>CAF Contribution \$25.00</p> <p style="text-align: right;">+</p> <p>Child Coverage Cost <u>\$ 3.78</u></p> <p style="text-align: right;">Total Cost = \$39.93</p>
\$25.00 GUL Cash Accumulation Fund Contribution Amount (Contributions optional. Minimum \$1 per month)				= \$25.00 Monthly Cost	
\$18,000 Child Coverage Amount				= \$3.78 Monthly Cost	

Your Calculation:

\$ _____ GUL Coverage Amount	÷ \$1,000	= _____ Coverage Units	X \$ _____ Monthly GUL Rate	= \$ _____ Monthly Cost	<p style="text-align: right;">Total Monthly Cost:</p> <p>GUL Cost \$</p> <p style="text-align: right;">+</p> <p>CAF Contribution \$</p> <p style="text-align: right;">+</p> <p>Child Coverage Cost <u>\$ _____</u></p> <p style="text-align: right;">Total Cost = \$</p>
\$ _____ GUL Cash Accumulation Fund Contribution Amount (Contributions optional. Minimum \$1 per month)				= \$ _____ Monthly Cost	
\$ _____ Child Coverage Amount				= \$ _____ Monthly Cost	

For a complete description of GUL options, benefits, and limitations, please refer to the Certificate of Insurance.