

Voluntary Life Insurance



Kansas City Life
Insurance Company

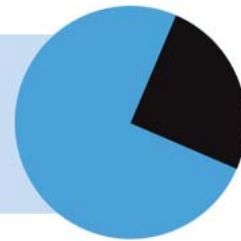


Group
Benefits

Determining how much life insurance you need requires a careful evaluation of your current and future financial obligations. Ask yourself: How much money will my family need after my death to meet immediate expenses, such as funeral expenses and debts? How much money will my family need to maintain its standard of living over the long run?

Nearly 1 in 4 people with only group insurance feel they need more.

Source: 2016 Insurance Barometer Study, Life Happens and LIMRA.



If you are one of those four individuals, now is the time to consider purchasing additional coverage. Typically, voluntary life insurance coverage offered through an employer is more affordable than purchasing an individual policy. Insurance premiums will be automatically deducted from your paycheck, and if you enroll in a timely manner, you may select a benefit in which you are not required to supply evidence of good health.

In order to evaluate how much life insurance you need, review your family's circumstances. In order to make this process easier for you, and to get a general sense of your needs, look at the calculator below. It will walk you through the process and provide you with an estimate of your insurance needs in a matter of minutes.

Most individuals are surprised to find out they are underinsured. How much life insurance do you need to protect your family? This simple worksheet can give you an idea.

- 1) Your current annual income: \$ _____
- 2) Years spouse will need your income (do not exceed seven years): _____
- Simply multiply line 1 by line 2 and put total here.** \$ _____
- 3) Mortgage and other outstanding debts: \$ _____
- 4) College costs for each child, in today's dollars: \$ _____
- Add lines 3 and 4 and put total here.** \$ _____
- Now add your two totals and put total here.** \$ _____
- 5) Other life insurance \$ _____
- 6) Subtract line 5 from the total \$ _____
- Estimated life insurance needed** \$ _____

Based on the amounts listed above, this is an estimate of the life insurance you need.

VOLUNTARY LIFE BENEFIT SUMMARY FOR Evangelical Lutheran Education Association (ELEA)

All Full-time active employees working 20 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Your benefit coverage is in increments of \$10,000, minimum of \$10,000, to a maximum of \$500,000, not to exceed 5 times annual earnings, whichever is less. Amounts in excess of the guaranteed issue amount of \$100,000 will require evidence of insurability. If the employee is age 70 or over, the amount is \$25,000.

Your spouse's benefit is in increments of \$5,000, minimum of \$5,000, to a maximum of \$250,000, or one half of the employee's elected amount, whichever is less. Amounts in excess of the guaranteed issue amount of \$50,000 will require evidence of insurability. The spouse's premiums are based on the employee's age.

The benefit amount for your children is in increments of \$2,500 to a maximum of \$10,000. Infants will be covered for \$1,500. Infants are defined as being fourteen days of age to six months, and children are six months of age to 19 (or 25 if a full-time student*).

*May vary by state.

Employee & Spouse Age/Rates per \$1,000					
Under 29	\$0.073	45-49	\$0.362	65-69	\$1.817
30-34	\$0.081	50-54	\$0.623	70-74	\$3.331
35-39	\$0.124	55-59	\$1.061	75+	\$3.331
40-44	\$0.209	60-64	\$1.256	Child rates per \$2,500	\$0.420

Coverage reduces 40 percent at age 75, 65 percent of the original amount at age 80, 72.5 percent of the original amount at age 85 and 80 percent of the original amount at age 90. Coverage terminates at retirement.

- Additional Benefits**
- Waiver of Premium
- Conversion
- Portability
- Accelerated Death Benefit

Enroll today!

Complete, sign and turn in your enrollment form to Human Resources.

Coverage Limitation*

If a Covered Person dies by suicide, while sane or insane, within two years of the policy effective date, the amount payable by Us will be equal to the total premiums paid. If a Covered Person dies by suicide, while sane or insane, within two years after the effective date of any increase in the specified amount, the amount payable by Us associated with such increase will be limited to the cost of insurance associated with the increase.

*May vary by state.

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states.

Policy and certificate referenced:
PJ136/CJ136



KANSAS CITY LIFE

GROUP BENEFITS

Underwritten by:
Kansas City Life Insurance Company
Toll-free: 877-266-6767, ext. 8200
Fax: 816-531-4648
groupbenefits@kclife.com
www.kclgroupbenefits.com

**Evangelical Lutheran Education Association
Employee Voluntary Life Monthly Premium Calculator**



You may enroll in increments of \$10,000 with a minimum of \$10,000 and a maximum of \$500,000, not to exceed 5 times annual earnings, whichever is less.

Age	Rate per \$1000	Benefit	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
00-29	0.073		\$0.73	\$1.46	\$2.19	\$2.92	\$3.65	\$4.38	\$5.11	\$5.84	\$6.57	\$7.30
30-34	0.081		\$0.81	\$1.62	\$2.43	\$3.24	\$4.05	\$4.86	\$5.67	\$6.48	\$7.29	\$8.10
35-39	0.124		\$1.24	\$2.48	\$3.72	\$4.96	\$6.20	\$7.44	\$8.68	\$9.92	\$11.16	\$12.40
40-44	0.209		\$2.09	\$4.18	\$6.27	\$8.36	\$10.45	\$12.54	\$14.63	\$16.72	\$18.81	\$20.90
45-49	0.362		\$3.62	\$7.24	\$10.86	\$14.48	\$18.10	\$21.72	\$25.34	\$28.96	\$32.58	\$36.20
50-54	0.623		\$6.23	\$12.46	\$18.69	\$24.92	\$31.15	\$37.38	\$43.61	\$49.84	\$56.07	\$62.30
55-59	1.061		\$10.61	\$21.22	\$31.83	\$42.44	\$53.05	\$63.66	\$74.27	\$84.88	\$95.49	\$106.10
60-64	1.256		\$12.56	\$25.12	\$37.68	\$50.24	\$62.80	\$75.36	\$87.92	\$100.48	\$113.04	\$125.60
65-69	1.817		\$18.17	\$36.34	\$54.51	\$72.68	\$90.85	\$109.02	\$127.19	\$145.36	\$163.53	\$181.70
70-74	3.331		\$33.31	\$66.62	\$99.93	\$133.24	\$166.55	\$199.86	\$233.17	\$266.48	\$299.79	\$333.10
75-79	3.331		\$33.31	\$66.62	\$99.93	\$133.24	\$166.55	\$199.86	\$233.17	\$266.48	\$299.79	\$333.10

Age	Rate per \$1000	Benefit	110,000	120,000	130,000	140,000	150,000	160,000	170,000	180,000	190,000	200,000
00-29	0.073		\$8.03	\$8.76	\$9.49	\$10.22	\$10.95	\$11.68	\$12.41	\$13.14	\$13.87	\$14.60
30-34	0.081		\$8.91	\$9.72	\$10.53	\$11.34	\$12.15	\$12.96	\$13.77	\$14.58	\$15.39	\$16.20
35-39	0.124		\$13.64	\$14.88	\$16.12	\$17.36	\$18.60	\$19.84	\$21.08	\$22.32	\$23.56	\$24.80
40-44	0.209		\$22.99	\$25.08	\$27.17	\$29.26	\$31.35	\$33.44	\$35.53	\$37.62	\$39.71	\$41.80
45-49	0.362		\$39.82	\$43.44	\$47.06	\$50.68	\$54.30	\$57.92	\$61.54	\$65.16	\$68.78	\$72.40
50-54	0.623		\$68.53	\$74.76	\$80.99	\$87.22	\$93.45	\$99.68	\$105.91	\$112.14	\$118.37	\$124.60
55-59	1.061		\$116.71	\$127.32	\$137.93	\$148.54	\$159.15	\$169.76	\$180.37	\$190.98	\$201.59	\$212.20
60-64	1.256		\$138.16	\$150.72	\$163.28	\$175.84	\$188.40	\$200.96	\$213.52	\$226.08	\$238.64	\$251.20
65-69	1.817		\$199.87	\$218.04	\$236.21	\$254.38	\$272.55	\$290.72	\$308.89	\$327.06	\$345.23	\$363.40
70-74	3.331		\$366.41	\$399.72	\$433.03	\$466.34	\$499.65	\$532.96	\$566.27	\$599.58	\$632.89	\$666.20
75-79	3.331		\$366.41	\$399.72	\$433.03	\$466.34	\$499.65	\$532.96	\$566.27	\$599.58	\$632.89	\$666.20

Age	Rate per \$1000	Benefit	210,000	220,000	230,000	240,000	250,000	260,000	270,000	280,000	290,000	300,000
00-29	0.073		\$15.33	\$16.06	\$16.79	\$17.52	\$18.25	\$18.98	\$19.71	\$20.44	\$21.17	\$21.90
30-34	0.081		\$17.01	\$17.82	\$18.63	\$19.44	\$20.25	\$21.06	\$21.87	\$22.68	\$23.49	\$24.30
35-39	0.124		\$26.04	\$27.28	\$28.52	\$29.76	\$31.00	\$32.24	\$33.48	\$34.72	\$35.96	\$37.20
40-44	0.209		\$43.89	\$45.98	\$48.07	\$50.16	\$52.25	\$54.34	\$56.43	\$58.52	\$60.61	\$62.70
45-49	0.362		\$76.02	\$79.64	\$83.26	\$86.88	\$90.50	\$94.12	\$97.74	\$101.36	\$104.98	\$108.60
50-54	0.623		\$130.83	\$137.06	\$143.29	\$149.52	\$155.75	\$161.98	\$168.21	\$174.44	\$180.67	\$186.90
55-59	1.061		\$222.81	\$233.42	\$244.03	\$254.64	\$265.25	\$275.86	\$286.47	\$297.08	\$307.69	\$318.30
60-64	1.256		\$263.76	\$276.32	\$288.88	\$301.44	\$314.00	\$326.56	\$339.12	\$351.68	\$364.24	\$376.80
65-69	1.817		\$381.57	\$399.74	\$417.91	\$436.08	\$454.25	\$472.42	\$490.59	\$508.76	\$526.93	\$545.10
70-74	3.331		\$699.51	\$732.82	\$766.13	\$799.44	\$832.75	\$866.06	\$899.37	\$932.68	\$965.99	\$999.30
75-79	3.331		\$699.51	\$732.82	\$766.13	\$799.44	\$832.75	\$866.06	\$899.37	\$932.68	\$965.99	\$999.30



KANSAS CITY LIFE

GROUP BENEFITS

	Benefit	310,000	320,000	330,000	340,000	350,000	360,000	370,000	380,000	390,000	400,000
Age	Rate per \$1000										
00-29	0.073	\$22.63	\$23.36	\$24.09	\$24.82	\$25.55	\$26.28	\$27.01	\$27.74	\$28.47	\$29.20
30-34	0.081	\$25.11	\$25.92	\$26.73	\$27.54	\$28.35	\$29.16	\$29.97	\$30.78	\$31.59	\$32.40
35-39	0.124	\$38.44	\$39.68	\$40.92	\$42.16	\$43.40	\$44.64	\$45.88	\$47.12	\$48.36	\$49.60
40-44	0.209	\$64.79	\$66.88	\$68.97	\$71.06	\$73.15	\$75.24	\$77.33	\$79.42	\$81.51	\$83.60
45-49	0.362	\$112.22	\$115.84	\$119.46	\$123.08	\$126.70	\$130.32	\$133.94	\$137.56	\$141.18	\$144.80
50-54	0.623	\$193.13	\$199.36	\$205.59	\$211.82	\$218.05	\$224.28	\$230.51	\$236.74	\$242.97	\$249.20
55-59	1.061	\$328.91	\$339.52	\$350.13	\$360.74	\$371.35	\$381.96	\$392.57	\$403.18	\$413.79	\$424.40
60-64	1.256	\$389.36	\$401.92	\$414.48	\$427.04	\$439.60	\$452.16	\$464.72	\$477.28	\$489.84	\$502.40
65-69	1.817	\$563.27	\$581.44	\$599.61	\$617.78	\$635.95	\$654.12	\$672.29	\$690.46	\$708.63	\$726.80
70-74	3.331	\$1,032.61	\$1,065.92	\$1,099.23	\$1,132.54	\$1,165.85	\$1,199.16	\$1,232.47	\$1,265.78	\$1,299.09	\$1,332.40
75-79	3.331	\$1,032.61	\$1,065.92	\$1,099.23	\$1,132.54	\$1,165.85	\$1,199.16	\$1,232.47	\$1,265.78	\$1,299.09	\$1,332.40

	Benefit	410,000	420,000	430,000	440,000	450,000	460,000	470,000	480,000	490,000	500,000
Age	Rate per \$1000										
00-29	0.073	\$29.93	\$30.66	\$31.39	\$32.12	\$32.85	\$33.58	\$34.31	\$35.04	\$35.77	\$36.50
30-34	0.081	\$33.21	\$34.02	\$34.83	\$35.64	\$36.45	\$37.26	\$38.07	\$38.88	\$39.69	\$40.50
35-39	0.124	\$50.84	\$52.08	\$53.32	\$54.56	\$55.80	\$57.04	\$58.28	\$59.52	\$60.76	\$62.00
40-44	0.209	\$85.69	\$87.78	\$89.87	\$91.96	\$94.05	\$96.14	\$98.23	\$100.32	\$102.41	\$104.50
45-49	0.362	\$148.42	\$152.04	\$155.66	\$159.28	\$162.90	\$166.52	\$170.14	\$173.76	\$177.38	\$181.00
50-54	0.623	\$255.43	\$261.66	\$267.89	\$274.12	\$280.35	\$286.58	\$292.81	\$299.04	\$305.27	\$311.50
55-59	1.061	\$435.01	\$445.62	\$456.23	\$466.84	\$477.45	\$488.06	\$498.67	\$509.28	\$519.89	\$530.50
60-64	1.256	\$514.96	\$527.52	\$540.08	\$552.64	\$565.20	\$577.76	\$590.32	\$602.88	\$615.44	\$628.00
65-69	1.817	\$744.97	\$763.14	\$781.31	\$799.48	\$817.65	\$835.82	\$853.99	\$872.16	\$890.33	\$908.50
70-74	3.331	\$1,365.71	\$1,399.02	\$1,432.33	\$1,465.64	\$1,498.95	\$1,532.26	\$1,565.57	\$1,598.88	\$1,632.19	\$1,665.50
75-79	3.331	\$1,365.71	\$1,399.02	\$1,432.33	\$1,465.64	\$1,498.95	\$1,532.26	\$1,565.57	\$1,598.88	\$1,632.19	\$1,665.50

Payroll deductions are an approximation. Please see your paystub for actual deductions.



KANSAS CITY LIFE

GROUP BENEFITS

**Evangelical Lutheran Education Association
Spouse Voluntary Life Monthly Premium Calculator**

You may enroll your spouse in increments of \$5,000, with a minimum of \$5,000 and a maximum of \$250,000, not to exceed 50% of the employee amount.
The spouse premium is based on employee's age.

		Benefit	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
Age	Rate per \$1000											
00-29	0.073		\$0.37	\$0.73	\$1.10	\$1.46	\$1.83	\$2.19	\$2.56	\$2.92	\$3.29	\$3.65
30-34	0.081		\$0.41	\$0.81	\$1.22	\$1.62	\$2.03	\$2.43	\$2.84	\$3.24	\$3.65	\$4.05
35-39	0.124		\$0.62	\$1.24	\$1.86	\$2.48	\$3.10	\$3.72	\$4.34	\$4.96	\$5.58	\$6.20
40-44	0.209		\$1.05	\$2.09	\$3.14	\$4.18	\$5.23	\$6.27	\$7.32	\$8.36	\$9.41	\$10.45
45-49	0.362		\$1.81	\$3.62	\$5.43	\$7.24	\$9.05	\$10.86	\$12.67	\$14.48	\$16.29	\$18.10
50-54	0.623		\$3.12	\$6.23	\$9.35	\$12.46	\$15.58	\$18.69	\$21.81	\$24.92	\$28.04	\$31.15
55-59	1.061		\$5.31	\$10.61	\$15.92	\$21.22	\$26.53	\$31.83	\$37.14	\$42.44	\$47.75	\$53.05
60-64	1.256		\$6.28	\$12.56	\$18.84	\$25.12	\$31.40	\$37.68	\$43.96	\$50.24	\$56.52	\$62.80
65-69	1.817		\$9.09	\$18.17	\$27.26	\$36.34	\$45.43	\$54.51	\$63.60	\$72.68	\$81.77	\$90.85
70-74	3.331		\$16.66	\$33.31	\$49.97	\$66.62	\$83.28	\$99.93	\$116.59	\$133.24	\$149.90	\$166.55
75-79	3.331		\$16.66	\$33.31	\$49.97	\$66.62	\$83.28	\$99.93	\$116.59	\$133.24	\$149.90	\$166.55

		Benefit	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000	95,000	100,000
Age	Rate per \$1000											
00-29	0.073		\$4.02	\$4.38	\$4.75	\$5.11	\$5.48	\$5.84	\$6.21	\$6.57	\$6.94	\$7.30
30-34	0.081		\$4.46	\$4.86	\$5.27	\$5.67	\$6.08	\$6.48	\$6.89	\$7.29	\$7.70	\$8.10
35-39	0.124		\$6.82	\$7.44	\$8.06	\$8.68	\$9.30	\$9.92	\$10.54	\$11.16	\$11.78	\$12.40
40-44	0.209		\$11.50	\$12.54	\$13.59	\$14.63	\$15.68	\$16.72	\$17.77	\$18.81	\$19.86	\$20.90
45-49	0.362		\$19.91	\$21.72	\$23.53	\$25.34	\$27.15	\$28.96	\$30.77	\$32.58	\$34.39	\$36.20
50-54	0.623		\$34.27	\$37.38	\$40.50	\$43.61	\$46.73	\$49.84	\$52.96	\$56.07	\$59.19	\$62.30
55-59	1.061		\$58.36	\$63.66	\$68.97	\$74.27	\$79.58	\$84.88	\$90.19	\$95.49	\$100.80	\$106.10
60-64	1.256		\$69.08	\$75.36	\$81.64	\$87.92	\$94.20	\$100.48	\$106.76	\$113.04	\$119.32	\$125.60
65-69	1.817		\$99.94	\$109.02	\$118.11	\$127.19	\$136.28	\$145.36	\$154.45	\$163.53	\$172.62	\$181.70
70-74	3.331		\$183.21	\$199.86	\$216.52	\$233.17	\$249.83	\$266.48	\$283.14	\$299.79	\$316.45	\$333.10
75-79	3.331		\$183.21	\$199.86	\$216.52	\$233.17	\$249.83	\$266.48	\$283.14	\$299.79	\$316.45	\$333.10

		Benefit	105,000	110,000	115,000	120,000	125,000	130,000	135,000	140,000	145,000	150,000
Age	Rate per \$1000											
00-29	0.073		\$7.67	\$8.03	\$8.40	\$8.76	\$9.13	\$9.49	\$9.86	\$10.22	\$10.59	\$10.95
30-34	0.081		\$8.51	\$8.91	\$9.32	\$9.72	\$10.13	\$10.53	\$10.94	\$11.34	\$11.75	\$12.15
35-39	0.124		\$13.02	\$13.64	\$14.26	\$14.88	\$15.50	\$16.12	\$16.74	\$17.36	\$17.98	\$18.60
40-44	0.209		\$21.95	\$22.99	\$24.04	\$25.08	\$26.13	\$27.17	\$28.22	\$29.26	\$30.31	\$31.35
45-49	0.362		\$38.01	\$39.82	\$41.63	\$43.44	\$45.25	\$47.06	\$48.87	\$50.68	\$52.49	\$54.30
50-54	0.623		\$65.42	\$68.53	\$71.65	\$74.76	\$77.88	\$80.99	\$84.11	\$87.22	\$90.34	\$93.45
55-59	1.061		\$111.41	\$116.71	\$122.02	\$127.32	\$132.63	\$137.93	\$143.24	\$148.54	\$153.85	\$159.15
60-64	1.256		\$131.88	\$138.16	\$144.44	\$150.72	\$157.00	\$163.28	\$169.56	\$175.84	\$182.12	\$188.40
65-69	1.817		\$190.79	\$199.87	\$208.96	\$218.04	\$227.13	\$236.21	\$245.30	\$254.38	\$263.47	\$272.55
70-74	3.331		\$349.76	\$366.41	\$383.07	\$399.72	\$416.38	\$433.03	\$449.69	\$466.34	\$483.00	\$499.65
75-79	3.331		\$349.76	\$366.41	\$383.07	\$399.72	\$416.38	\$433.03	\$449.69	\$466.34	\$483.00	\$499.65



KANSAS CITY LIFE

GROUP BENEFITS

	Benefit	155,000	160,000	165,000	170,000	175,000	180,000	185,000	190,000	195,000	200,000
Age	Rate per \$1000										
00-29	0.073	\$11.32	\$11.68	\$12.05	\$12.41	\$12.78	\$13.14	\$13.51	\$13.87	\$14.24	\$14.60
30-34	0.081	\$12.56	\$12.96	\$13.37	\$13.77	\$14.18	\$14.58	\$14.99	\$15.39	\$15.80	\$16.20
35-39	0.124	\$19.22	\$19.84	\$20.46	\$21.08	\$21.70	\$22.32	\$22.94	\$23.56	\$24.18	\$24.80
40-44	0.209	\$32.40	\$33.44	\$34.49	\$35.53	\$36.58	\$37.62	\$38.67	\$39.71	\$40.76	\$41.80
45-49	0.362	\$56.11	\$57.92	\$59.73	\$61.54	\$63.35	\$65.16	\$66.97	\$68.78	\$70.59	\$72.40
50-54	0.623	\$96.57	\$99.68	\$102.80	\$105.91	\$109.03	\$112.14	\$115.26	\$118.37	\$121.49	\$124.60
55-59	1.061	\$164.46	\$169.76	\$175.07	\$180.37	\$185.68	\$190.98	\$196.29	\$201.59	\$206.90	\$212.20
60-64	1.256	\$194.68	\$200.96	\$207.24	\$213.52	\$219.80	\$226.08	\$232.36	\$238.64	\$244.92	\$251.20
65-69	1.817	\$281.64	\$290.72	\$299.81	\$308.89	\$317.98	\$327.06	\$336.15	\$345.23	\$354.32	\$363.40
70-74	3.331	\$516.31	\$532.96	\$549.62	\$566.27	\$582.93	\$599.58	\$616.24	\$632.89	\$649.55	\$666.20
75-79	3.331	\$516.31	\$532.96	\$549.62	\$566.27	\$582.93	\$599.58	\$616.24	\$632.89	\$649.55	\$666.20

	Benefit	205,000	210,000	215,000	220,000	225,000	230,000	235,000	240,000	245,000	250,000
Age	Rate per \$1000										
00-29	0.073	\$14.97	\$15.33	\$15.70	\$16.06	\$16.43	\$16.79	\$17.16	\$17.52	\$17.89	\$18.25
30-34	0.081	\$16.61	\$17.01	\$17.42	\$17.82	\$18.23	\$18.63	\$19.04	\$19.44	\$19.85	\$20.25
35-39	0.124	\$25.42	\$26.04	\$26.66	\$27.28	\$27.90	\$28.52	\$29.14	\$29.76	\$30.38	\$31.00
40-44	0.209	\$42.85	\$43.89	\$44.94	\$45.98	\$47.03	\$48.07	\$49.12	\$50.16	\$51.21	\$52.25
45-49	0.362	\$74.21	\$76.02	\$77.83	\$79.64	\$81.45	\$83.26	\$85.07	\$86.88	\$88.69	\$90.50
50-54	0.623	\$127.72	\$130.83	\$133.95	\$137.06	\$140.18	\$143.29	\$146.41	\$149.52	\$152.64	\$155.75
55-59	1.061	\$217.51	\$222.81	\$228.12	\$233.42	\$238.73	\$244.03	\$249.34	\$254.64	\$259.95	\$265.25
60-64	1.256	\$257.48	\$263.76	\$270.04	\$276.32	\$282.60	\$288.88	\$295.16	\$301.44	\$307.72	\$314.00
65-69	1.817	\$372.49	\$381.57	\$390.66	\$399.74	\$408.83	\$417.91	\$427.00	\$436.08	\$445.17	\$454.25
70-74	3.331	\$682.86	\$699.51	\$716.17	\$732.82	\$749.48	\$766.13	\$782.79	\$799.44	\$816.10	\$832.75
75-79	3.331	\$682.86	\$699.51	\$716.17	\$732.82	\$749.48	\$766.13	\$782.79	\$799.44	\$816.10	\$832.75

Payroll deductions are an approximation. Please see your paystub for actual deductions.

**Evangelical Lutheran Education Association
Dependent Child Monthly Premium Calculator**

You may enroll your eligible dependents in increments of \$2,500 to a maximum of \$10,000. Infants aged 14 days to 6 months will be covered for a flat \$1,500.

Benefit	2,500	5,000	7,500	10,000
Rate per unit				
0.420	\$0.42	\$0.84	\$1.26	\$1.68

Payroll deductions are an approximation. Please see your paystub for actual deductions.