

As a full-time employee of **OHIGRO, Inc.**, you may elect to buy term life insurance at low group rates from **Companion Life**. Your participation is entirely voluntary. Premiums are paid through easy pre-tax bi-weekly payroll deductions. You do not need to write checks, find stamps, or remember when payments are due. You simply enroll, pay through payroll deductions, and relax. Your family's security is protected by one of the most trusted insurance companies in the United States.

### RATE TABLE

Age	Monthly Rate Per Thousand	\$10,000		\$25,000		\$50,000		\$75,000		\$100,000	
		Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
15 - 29	\$0.09	\$0.90	\$0.42	\$2.25	\$1.04	\$4.50	\$2.08	\$6.75	\$3.12	\$9.00	\$4.15
30 - 34	\$0.10	\$1.00	\$0.46	\$2.50	\$1.15	\$5.00	\$2.31	\$7.50	\$3.46	\$10.00	\$4.62
35 - 39	\$0.12	\$1.20	\$0.55	\$3.00	\$1.38	\$6.00	\$2.77	\$9.00	\$4.15	\$12.00	\$5.54
40 - 44	\$0.17	\$1.70	\$0.78	\$4.25	\$1.96	\$8.50	\$3.92	\$12.75	\$5.88	\$17.00	\$7.85
45 - 49	\$0.29	\$2.90	\$1.34	\$7.25	\$3.35	\$14.50	\$6.69	\$21.75	\$10.04	\$29.00	\$13.38
50 - 54	\$0.53	\$5.30	\$2.45	\$13.25	\$6.12	\$26.50	\$12.23	\$39.75	\$18.35	\$53.00	\$24.46
55 - 59	\$0.79	\$7.90	\$3.65	\$19.75	\$9.12	\$39.50	\$18.23	\$59.25	\$27.35	\$79.00	\$36.46
60 - 64	\$1.52	\$15.20	\$7.02	\$38.00	\$17.54	\$76.00	\$35.08	\$114.00	\$52.62	\$152.00	\$70.15
65 - 69**	\$2.39	\$23.90	\$11.03	\$59.75	\$27.58	\$119.50	\$55.15	\$179.25	\$82.73	\$239.00	\$110.31
70+**	\$4.41	\$44.10	\$20.35	\$110.25	\$50.88	\$220.50	\$101.77	\$330.75	\$152.65	\$441.00	\$203.54

\*\*An individual's life benefit reduces to 65% at age 65, to 50% at age 70, to 35% at age 75, and to 20% at age 80, at listed premium amounts.

### COVERAGE NOTES

**Employee** coverage may be elected in \$5,000 increments with a minimum amount of \$10,000. The maximum amount per employee is \$100,000, guarantee issue.

**Spouse** coverage may be elected in \$5,000 increments, not to exceed 50% of the employee amount. Guarantee issue on spouse coverage is \$25,000.

**Child(ren)** coverage (\$2,500, \$5,000, \$7,500, or \$10,000) may be elected at a monthly rate of \$0.16 per thousand dollars of coverage.

The premium rate table above is for informational purposes only. Your actual premium and deduct may be slightly higher or lower due to rounding. The information provided here is only a summary of benefits available. Refer to your certificate for further details and limitations of coverage.

### COVERAGE WORKSHEET

	Name	Birthdate	Age	Guarantee Issue Coverage Max	Selected Coverage Amount	Monthly Premium
Employee:		/ /		\$100,000.00	\$	\$
Spouse:		/ /		\$25,000.00	\$	\$
Child(ren):		/ /		\$10,000.00	\$	\$
		/ /		Total Monthly Premium:		\$
		/ /		Biweekly Deduct (x12/26):		\$

### EMPLOYEE SIGNATURE

X \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_