

RHODE ISLAND INTERLOCAL



**Group Term Life Insurance Program
Member Rate Schedule
Employee/Dependent Additional Coverage
effective 7/1/2015 - 6/30/2018**

**Employee Additional Insurance
Standard Plan Rate Schedule**

Employee Age	Expiring Monthly Rate per \$1,000	7/1/2015 Monthly Rate per \$1,000
Under 25-29	\$0.07	\$0.09
30-34	\$0.08	\$0.10
35-39	\$0.09	\$0.11
40-44	\$0.11	\$0.14
45-49	\$0.19	\$0.24
50-54	\$0.32	\$0.42
55-59	\$0.57	\$0.73
60-64	\$0.70	\$0.92
65-69	\$1.21	\$1.57
70-74	\$2.01	\$2.61
75-79	\$4.45	\$5.76
80-84	\$7.89	\$10.24
85+	\$12.70	\$16.47